

Silver Mountain Home Health Care LLC

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Companion Timesheet

Employee Name: _____

Recipient Name: _____

| Day | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday |
|-------------------------|------------|------------|------------|------------|------------|------------|------------|
| Dates of Service | 08/10/2023 | 08/11/2023 | 08/12/2023 | 08/13/2023 | 08/14/2023 | 08/15/2023 | 08/16/2023 |
| Time in | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |
| Time Out | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |
| | | | | | | | |
| Total Hours of the week | | | | | | | |

Employee Signature: _____

Recipient/Responsible Party Signature _____