

Silver Mountain Home Health Care LLC

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RESPIRE IN HOME

Employee's Name: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client Representative Name: \_\_\_\_\_

<i>Date:</i>	<i>Time In</i>	<i>Time Out:</i>	<i>Date:</i>	<i>Time In:</i>	<i>Time Out:</i>
06/27/24	am/pm	am/pm	07/04/24	am/pm	am/pm
06/28/24	am/pm	am/pm	07/05/24	am/pm	am/pm
06/29/24	am/pm	am/pm	07/06/24	am/pm	am/pm
06/30/24	am/pm	am/pm	07/07/24	am/pm	am/pm
07/01/24	am/pm	am/pm	07/08/24	am/pm	am/pm
07/02/24	am/pm	am/pm	07/09/24	am/pm	am/pm
07/03/24	am/pm	am/pm	07/10/24	am/pm	am/pm

**Has the Client been in the Hospital, a Care Facility or Incarcerated during these two weeks?**

**If so, please complete the following: Date in \_\_\_\_\_ Date out \_\_\_\_\_**

**Acknowledgement and Required Signatures (not valid unless signed by both Parties):**

Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on this timesheet. Your signature verifies the time and services entered above are accurate. \*All time documented is assumed to be 1 staff to 1 client (1:1) unless otherwise noted above time entry for that shift. For example, staff working with 2 clients at once should indicate 1:2 above time entries, 1:3 etc. A separate timesheet should be done for each client with whom the staff works.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Client Rep

\_\_\_\_\_  
Date