

**HOMEMAKER BI-MONTHLY
TIMESHEET**



My Brothers' Keeper

E-mail: MBatta@136mbk.com

Fax: 952-746-5738

DATE			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
DAY OF WEEK																	
BEGIN DATE	END DATE	TIME IN															
		TIME OUT															
Please Signify AM or PM		TIME IN															
When Writing In/Out Times		TIME OUT															
		TIME IN															
		TIME OUT															
		Total Hours															

ACTIVITY (Please Initial)	HOMEMAKER																
Light Housekeeping																	
Laundry Service																	
Organization																	
Other (according to Homemaker Care Plan)																	
TOTAL HOURS																	

Print Employee Name	<p>Office Use Only</p> <p>After the Homemaking Staff has documented his/her time and activity, the recipient must draw a line through any dates and time he/she did not receive services from the Homemaker. Review the completed timesheet for accuracy before signing. It is a federal crime to provide false information on Homemaker billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and the services are performed as specified in the Homemaker Care Plan.</p> <p>(Hours in excess of 40 hours in a week (Sunday through Saturday) must be authorized by My Brothers' Keeper in advance)</p>
Employee Signature	
Print Recipient/RP Name	
Recipient/RP Signature	
Supervisor Signature	