

**HOMEMAKER BI-MONTHLY
TIMESHEET**



My Brothers' Keeper

E-mail: MBatta@136mbk.com

Fax: 952-746-5738

DATE			16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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	Office Use Only 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. (Hours in excess of 40 hours in a week (Sunday through Saturday) must be authorized by My Brothers' Keeper in advance)
Employee Signature	
Print Recipient/RP Name	
Recipient/RP Signature	
Supervisor Signature	