

Three Rivers Inc.

504 Miller Dr. PO Box 408
 Wamego, KS 66547-0408
 Phone: (785) 456-8573
 Fax: (785) 456-9923

**HOME Program
 Timesheet**

Pay Period:

From: /16/ To: /31/
 (mm/dd/yy) (mm/dd/yy)

Consumer (Print Name)

Personal Attendant (Print Name)

Date	Duties Provided	Start Time	End Time	Start Time	End Time	Start Time	End Time	Total Hours	
16th		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
17th		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
18th		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
19th		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
20th		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
21st		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
22nd		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
23rd		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
24th		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
25th		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
26th		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
27th		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
28th		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
29th		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
30th		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
31st		AM	AM	AM	AM	AM	AM		
		PM	PM	PM	PM	PM	PM		
The above hours must be received before noon on the 2nd								Pay Period Total	

NIGHT SUPPORT ONLY			
Date	Start Time	End Time	Units
16th	AM	AM	
	PM	PM	
17th	AM	AM	
	PM	PM	
18th	AM	AM	
	PM	PM	
19th	AM	AM	
	PM	PM	
20th	AM	AM	
	PM	PM	
21st	AM	AM	
	PM	PM	
22nd	AM	AM	
	PM	PM	
23rd	AM	AM	
	PM	PM	
24th	AM	AM	
	PM	PM	
25th	AM	AM	
	PM	PM	
26th	AM	AM	
	PM	PM	
27th	AM	AM	
	PM	PM	
28th	AM	AM	
	PM	PM	
29th	AM	AM	
	PM	PM	
30th	AM	AM	
	PM	PM	
31st	AM	AM	
	PM	PM	
Pay Period Total			

Sign after work is completed for the pay period.

Activity Codes
A - Bathing/Grooming Dressing
B - Toileting
C - Transferring/Mobility
D - Meals
E - Shopping/Transportation
F - Laundry/Housekeeping

Please Note: Night Support is paid by the **unit**, not by the **hour**. **One Night = One**

Consumer Signature Date

My signature verifies that this information is correct.

Personal Attendant Signature Date

My signature verifies that this information is correct. I understand that I am only authorized to work hours allowed by the approved Plan of Care.

Office Use Only
Payroll Date _____
Entered Date _____
PS _____
NS _____