



Weekly Time Sheet for Week Ending: _____ Client Name: _____

Day	Date	Sleep	Meals			Duty-Free Time	Total Hours Worked (24 Hrs Less Sleep, Meal, and Duty-Free Times)	Notes
SAMPLE	1/1/21	8	1	1	1	2	11	
Mon								
Tues								
Wed								
Thu								
Fri								
Sat								
Sun								

I certify that the above entries are true and accurate and that I was free from all duties during all Sleep, Meal, and Duty-Free times indicated above.

Caregiver Signature: _____

Caregiver Name (Print): _____

INSTRUCTIONS

- **Sleep:** If you received a minimum of 8 hours of sleep time (with 5 uninterrupted hours), please write "8" even if you slept longer than 8 hours.
- **Meals:** Per your agreement, you are scheduled for three 1-hour meal periods. For each meal period, if you received a minimum of one hour during which you were free from all duties to prepare and eat your meal, please write "1" even if you took a longer period.
- **Duty-Free Time:** Per your agreement, you are scheduled for 2 hours (taken in increments of at least 30 minutes) during which you are free from all duties and may either leave the premises or stay home for purely personal pursuits. If you received at least 2 hours of Duty-Free Time, please write "2" even if you took more than 2 hours.
- **Total Hours Worked:** For each day, subtract total Sleep, Meal, and Duty-Free Time from 24 hours and write the total in hours (see sample above).
- **Notes:** Per your agreement, if total Sleep Time is less than 8 hours or if Meal or Duty-Free times are less than the scheduled amounts, please document in the "Notes" section (continue in the space below if necessary). Please remember that you must also **contact the office at 401-384-7900 no later than 10:00 a.m. the following day.**
- **Returning Time Sheets:** *All Live-In Timesheets must be received by the office no later than 10:00 am on Monday morning.* Mail: 1865 Post Rd, Ste 103, Warwick, RI 02886 **OR** Email: warwicktimestheets@visitingangels.com