Hmong Home Health Care, LLC 475 Etna St. Suite #3 Saint Paul, MN 55106	**Individualized Home Supports without Training**	Telephone: 651-488-1680 Fax: 651-488-4087 Email: timecards@hh-hc.com

	Week 1							Week 2						
Day:	**Mon**	**Tue**	**Wed**	**Thur**	**Fri**	**Sat**	**Sun**	**Mon**	**Tue**	**Wed**	**Thur**	**Fri**	**Sat**	**Sun**
Date:														
Visit 1 in:	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Visit 1 out:	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Visit 1 total:														
Visit 2 in:	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Visit 2 out:	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Visit 2 total:														
Daily Total:														

	Week 1 Total:	**Week 2 Total:**
	Pay Period Total:	
	Week 1 Support & Progress Notes (ADLs, activities, supervision, etc):	**Week 2 Support & Progress Notes (ADLs, activities, supervision, etc):**

Was the recipient hospitalized or in a care facility during this pay period? Yes No | If yes, what were the dates?

Time Sheet Rules: Time sheets are due every other Tuesday by 3pm, following the company payroll calendar. Late timesheets may not be processed. Time sheets must be filled out each shift. You must indicate AM or PM. Time sheets with white out will not be accepted. Incomplete, incorrect, or illegible time sheets will not be accepted.

Acknowledgement: I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings. By signing below, I certify under penalty of law that I have accurately reported the following on this time sheet: the services provided, the dates and times of service, and the duration worked.

Employee Printed Name:	**Employee Signature:**	**Date:**

Recipient's Printed Name: