

**EURO-AMERICAN HOMECARE, LLC LIVE-IN WEEKLY TIME SHEET**

CLIENT NAME:  
CAREGIVER NAME:

Week Ending (Sunday): \_\_\_/\_\_\_/\_\_\_  
 Start Date & Time: \_\_\_/\_\_\_/\_\_\_ :\_\_\_ :\_\_\_ M  
 End Date & Time: \_\_\_/\_\_\_/\_\_\_ :\_\_\_ :\_\_\_ M  
 Start Date & Time: \_\_\_/\_\_\_/\_\_\_ :\_\_\_ :\_\_\_ M  
 End Date & Time: \_\_\_/\_\_\_/\_\_\_ :\_\_\_ :\_\_\_ M

Break	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Breakfast - 1 hr.</b>	<u>Circle</u> 30 45 <b>60</b> 75	<u>Circle</u> 30 45 <b>60</b> 75	<u>Circle</u> 30 45 <b>60</b> 75	<u>Circle</u> 30 45 <b>60</b> 75	<u>Circle</u> 30 45 <b>60</b> 75	<u>Circle</u> 30 45 <b>60</b> 75	<u>Circle</u> 30 45 <b>60</b> 75
<b>Lunch - 1 hr.</b>	<u>Circle</u> 30 45 <b>60</b> 75	<u>Circle</u> 30 45 <b>60</b> 75	<u>Circle</u> 30 45 <b>60</b> 75	<u>Circle</u> 30 45 <b>60</b> 75	<u>Circle</u> 30 45 <b>60</b> 75	<u>Circle</u> 30 45 <b>60</b> 75	<u>Circle</u> 30 45 <b>60</b> 75
<b>Dinner 1 hr.</b>	<u>Circle</u> 45 <b>60</b> 75	<u>Circle</u> 45 <b>60</b> 75	<u>Circle</u> 45 <b>60</b> 75	<u>Circle</u> 45 <b>60</b> 75	<u>Circle</u> 45 <b>60</b> 75	<u>Circle</u> 45 <b>60</b> 75	<u>Circle</u> 45 <b>60</b> 75
<b>Afternoon/ Evening Break - 1 hr.</b>	<u>Circle</u> 45 <b>60</b> 75	<u>Circle</u> 45 <b>60</b> 75	<u>Circle</u> 45 <b>60</b> 75	<u>Circle</u> 45 <b>60</b> 75	<u>Circle</u> 45 <b>60</b> 75	<u>Circle</u> 45 <b>60</b> 75	<u>Circle</u> 45 <b>60</b> 75
<b>Total Break Time</b>							
<b>Extra Hours Worked - Explanation NEEDED For Each Break Not Taken in Full</b>							

**1. You must circle the most accurate time or write the break time in if it is different from the minutes listed.**

**3. Extra Sleep/Personal/Meal Break Hours Worked: If the caregiver's anticipated sleep/personal time (time that can be used for sleep and other related personal activities) or meal breaks are interrupted to help the client, and the caregiver does not catch up on that sleep/personal time or meal time breaks at another time during the day, the "extra hours" working during the interruption, shortened or skipped break must be recorded on this timesheet and will likely result in an increase in charges for the client that work week.**

<i>The undersigned caregiver states that the above timesheet hours and interruptions have been reviewed and are accurate.</i>	<i>The undersigned client or authorized representative states that the above timesheet hours and interruptions have been reviewed and are accurate.</i>
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\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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