

Home Health Care of West Tennessee  
 Private Duty Division  
 Office: 901-388-7773 Fax: 901-388-6473  
 Weekdays after 4pm & Weekends: 901-388-7773

Company	Phone	Fax
HCSOT	901-266-5100	901-266-5644
Resource One	901-751-7466	901-751-5335
Eagle	901-737-3990	901-737-9836
YSH	901-531-1712	888-531-1918
At Home Health	901-380-4489	901-380-4376

Patient Name \_\_\_\_\_ Week Ending \_\_\_\_\_  
 Employee \_\_\_\_\_ Discipline \_\_\_\_\_

Time out must be accurate and match client records.

Day	Date	Time In	Time Out	Total Hours	PT/CG Signature
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Total Hours \_\_\_\_\_

Reason for missed hours/shifts \_\_\_\_\_

By signing my name, I acknowledge that this time sheet is a legal document.  
 All my information is accurate to the best of my knowledge

Employee Signature \_\_\_\_\_

PT/CG Signature \_\_\_\_\_

Approved By \_\_\_\_\_