



# TIMECARD / ACTIVITY DAILY LOG SHEET

**SYNERGY HomeCare**  
www.synergyhomecare.com

Employee Name				
Employee Number <small>(Enter last 4 digits of your social security number)</small>				
Week Ending SUNDAY				

Client Name	
Authorized Signature	X
<b>IMPORTANT FOR CLIENT:</b> By execution of this form, client certifies that; hours shown are correct; work was done satisfactorily. In accordance with federal law, any hours worked over 40 per work week are considered overtime hours and we may bill at the overtime rate of 1.5 (time and one half).	

Date	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Day	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.
Start Time														
End Time														
Break Time														
Add travel time between clients														
<b>Total Hours Worked</b>														
Mileage for clients														
<b>Total Hours Worked</b>	Round Hrs To The Nearest Quarter Hour	Regular Hours		Overtime Hours		Please Write Total Hours in Words To Nearest Quarter Hour						Total Mileage		

Duties Performed	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Duties Performed	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Companionship</b>								<b>Homemaking</b>							
Arrange appointments								Vacuum/sweep/mop							
Incidental errands/transport								Empty trash							
Medication reminders								Grocery shopping							
Assist with morning wake up								Prepare meals							
Assist with bedtime								Laundry							
Accompany to Doctor								Change linens							
Prepare Grocery List								Make beds							
Check for food freshness								Organize closets							
Encourage fluids								Dry cleaning drop and pick up							
Assist with reading								<b>Personal Care</b>							
Organize mail								Bathing/shower assist							
Care for house plants								Assist with walking							
Assist with pet care								Shampoo hair							
Visit friends								Assist with dressing							
Mail bills and letters								Routine transfer assist							
Play games/cards								Personal Hygiene							
Prescription Pick-Up								Assist light exercise							
Assist coupon clipping								Hospital pick up							
Answer telephone								Hoyer lift transfer							
<b>Homemaking</b>								Gait belt transfer							
Kitchen maintenance								Escort dialysis							
Bathroom maintenance								Incontinence Care							
Light housekeeping								Memory Care							

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

**IMPORTANT FOR EMPLOYEE:** By executing this form, employee agrees to terms and conditions on employee copy and certifies this form is true and accurate.

White Copy: Office Copy

Yellow Copy: Client Copy

Pink Copy: Employee