LAKESHORE

*HOME HEALTH CARE SERVICES, Inc.*



# MUSKEGON OFFICE GRAND RAPIDS OFFICE BATTLE CREEK OFFICE

 5571 East Apple Ave 1853 R W Berends Dr SW 235 North Ave

 Muskegon, MI 49442 Wyoming, MI 49519 Battle Creek, MI 49017

 Fax: 231-728-4370 Fax: 616-534-9303 Fax: (269) 965-9171

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekending Date: \_\_\_\_\_**/**\_\_\_\_\_**/**\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Saturday** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Date** |  |  |  |  |  |  |  |
| **Time In** |  |  |  |  |  |  |  |
| **Time Out** |  |  |  |  |  |  |  |
| **Total Hours** |  |  |  |  |  |  |  |
| **Client Initials** |  |  |  |  |  |  |  |
| **Total Mileage** |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Total Hours** |  |

Client/Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_