



S&A UNIFIED HOME CARE, INC.
 2036 MCDONALD AVENUE, BROOKLYN NY 11223
 Ph: (718)-980-6100 Fax: (718)873-9311

PERSONAL ASSISTANT TIMESHEET

**Please send your time-sheet by:
 EMAIL: t-sheets@saunified.com or FAX: 718-873-9311**

*****ALL TIMESHEETS ARE DUE IN OUR OFFICE BY MONDAY AT 12PM
 ORIGINALS DUE BY THURSDAY 12PM THE SAME WEEK*****

PERSONAL ASSISTANT'S NAME (Last, First) PRINTED:			PATIENT'S NAME (Last, First) PRINTED:		
COORDINATOR:	<input type="checkbox"/> BROOKLYN <input type="checkbox"/> BRONX <input type="checkbox"/> QUEENS <input type="checkbox"/> LONG ISL.	YEAR: 2020	PATIENT'S ADDRESS:		

DAY of WEEK	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	2020
DATE of SERVICES (mm/dd)								WEEKLY TOTAL HOURS
TIME IN (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
TIME OUT (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
DAILY TOTAL HOURS								

By signing this form, I am certifying that I worked on these documented dates and hours:

Personal Assistant's Signature		Date	
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I certify that the time recorded on this form accurately shows the days and number of hours worked by indicated personal assistant. The assigned tasks were completed in accordance with my current plan of care:

Patient's Signature:		Date	
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Please mention if any changes to the Patient' health conditions occurred during this service week: _____

NOTE: USE BLACK INK ONLY. TIMESHEETS MUST BE SUBMITTED LATEST ON MONDAY OF THE FOLLOWING WORKED WEEK. ORIGINAL TIMESHEETS MUST BE MAILED TO THE OFFICE. TIMESHEET WITHOUT PATIENT'S SIGNATURE WILL NOT BE ACCEPTED. IF YOUR TIMESHEETS ARE LATE YOU WILL NOT BE PAID FOR THIS PERIOD. IT IS A FEDERAL CRIME TO PROVIDE FALSE INFORMATION ON THE TIMESHEET.