



# WEEKLY TIMECARD / ACTIVITY DAILY LOG SHEET



Employee Name: \_\_\_\_\_

Work Week Ending Sunday:     /     / 20\_\_\_\_

Employee Telephony Log-In #: \_\_\_\_\_  
(Last 4 digits of social security number)

Office Use Only:    LATE    ON TIME    NOT RECEIVED

Client Full Name: \_\_\_\_\_

Client Authorized Signature: **X**

**IMPORTANT FOR CLIENT:** By signing this form, client or client rep certifies that hours shown are correct, work was done satisfactorily and all transactions and services were completed fully and are considered final. Please review carefully.

Input Work Date:	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Work Day:	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.
Start Time:														
Less Break Time or Personal Time:														
End Time:														
Total Hours Worked:														
Total Mileage (if any):														

Total Hours Worked	Hours	Minutes	Total Hours / Minutes Worked <u>Written Out</u>	Total Mileage

Duties Performed	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Duties Performed	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Home Management / Reminders								Bathing / Hygiene							
Grocery Shopping								Shampoo Hair							
Light Housekeeping								Dressing/Undress							
Laundry / Folding								Bed Bath							
Change Linens								Tub Bath							
Make Beds								Shower Assist							
Medication Reminders								Personal Hygiene							
Prepare Meals / Snacks								Toileting							
Empty Trash								Change Briefs							
Incidental Errands								Incontinence Care							
Assist with Plants / Pets								Assist to Bathroom							
Bathroom Maintenance								Assist Toileting							
Kitchen Maintenance								Personal Clean Up							
Transfers / Other								Activities							
Transfer From Bed								Light Exercises							
Transfer From Chair								Recreational							
Hoyer Lift								Transportation							
Slide Board								Meals / Eating							
Transfer Belt								Meal Planning/Prep							
Other (list below)								Feeding Assistance							

<p style="text-align: center;">Additional Notes / Changes in Client Condition</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><b>For Office Use Only</b></p> <p><input type="checkbox"/> Employee Paid Regularly</p> <p><input type="checkbox"/> Employee Pay Delayed</p> <p><input type="checkbox"/> Hours Not Payable</p> <p><input type="checkbox"/> Disciplinary Action Required</p> <p><input type="checkbox"/> Employee Terminated</p>
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Employee Signature: **X** \_\_\_\_\_

**IMPORTANT FOR EMPLOYEE:** By executing this form, employee agrees to terms and conditions on employee copy of this form and Employee Policy and Procedures. Employee certifies this form is true, complete and accurate. Employee may be terminated for providing false information. Client/client rep signature is required. Late timesheets will result in delayed payment of wages.

**Employees:** [www.WorkingForSynergy.com](http://www.WorkingForSynergy.com) has work documents & links to key work sites.



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Total Hours Worked:															
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<b>Total Hours Worked</b>	Hours		Minutes		Total Hours / Minutes Worked <u>Written Out</u>										<b>Total Mileage</b>

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Other (list below)								Feeding Assistance							

<p style="text-align: center;">Additional Notes</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><u>Client Use Only</u></p> <p>INVOICE # _____</p> <p>SYNERGY Ph #: 281-999-2273</p>
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<p>Employee Signature:</p> <p><b>X</b> _____</p>	<p><b>IMPORTANT FOR EMPLOYEE:</b> By executing this form, employee agrees to terms and conditions on employee copy of this form and Employee Policy and Procedures. Employee certifies this form is true, complete and accurate. Employee may be terminated for providing false information. Client/client rep signature is required. Late timesheets will result in delayed payment of wages.</p>
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Office Use Only: <input type="checkbox"/> LATE <input type="checkbox"/> ON TIME <input type="checkbox"/> NOT RECEIVED			

Client Full Name:
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## TIMECARD / ACTIVITY DAILY LOG SHEET / PAYROLL INSTRUCTIONS

- In order to process your check, timecards **Must** be filled out completely and accurately
- Use a ballpoint pen – your writing must penetrate through all copies
- The pay period is Monday through Sunday. Indicate the Sunday week ending date in the upper left hand corner of your timecard i.e.: if you work 08/11/03 – 08/17/03, the week ending date is 08/17/03.
- The timecard must have your signature as well as the client’s signature. **Timecards without signature will not be processed.**
- White Copy – Office, Yellow Copy – Client, Pink Copy – Keep for your records.
- Payroll deadline is **Wednesday**. **If your timecards are not received by this time, your check will be processed the following pay period.** Payroll will only “back pay” late timecards up to ten (10) days past the deadline. If you notice an error on your pay check you have seven (7) business days to notify the office of the error. Payroll errors that are addressed will be corrected on the following pay period. Do not hold your timecards week to week.
- Synergy’s Arbitration Policy is in effect for any employee that actively works. This Arbitration Policy was presented to all employees in 2016.

- Deliver your timecard to your local SYNERGY Homecare office immediately upon completion of the assignment or at the end of your work week, whichever is sooner. Should you choose to mail your timecard, mail it from a post office or mailbox that has daily pickup. Be sure the timecard will arrive in the SYNERGY HomeCare office no later than Wednesday following the week ended Sunday.
- If you do not have a blank timecard please go to: [www.WorkingForSynergy.com](http://www.WorkingForSynergy.com) and print one yourself.
- Originals submitted without client or client rep signature will be sent back to you to allow you to get the appropriate signature.
- Timecards submitted after 10 days from the applicable pay date, will not be processed and you will not be paid for the work on those timesheets.
- Payroll errors that are past 10 days from the applicable pay date may not be corrected.
- If you have an address, name or filing statues change, please call pay roll ASAP. If your check is lost, stolen or you have not received it within a week of the date issued, please call payroll. There is a ten (10) calendar day period from the date the check is issued before a stop payment transpires and a new check is issued.

### Activity Daily Log Instructions

- All entries must be made in blue or black ink and must penetrate through all copies. Give your client the YELLOW copy. Keep the PINK copy.
- Do not write in shaded areas.
- You are responsible to perform all assigned duties.
- Do not perform any duties requested outside the scope of duties.

- Mark with an “X” to indicate a duty was performed.
- If a client refuses to have a duty performed, record an “R” in the Appropriate box.
- Report any significant changes in client condition to your SYNERGY office immediately.

### Terms and Conditions

Timesheets are due the Wednesday following the week of work. Timecards must be received within ten (10) days from pay period date or you will not receive wages for hours listed on the timecard that is 10 days late. Timecards can be mailed or turned into your local SYNERGY HomeCare office, but to be paid, all originals must be received within ten (10) days from pay period end date. Once assigned a client and you accept set client, you will be required to complete a full weekly assignment. If you fail to complete a full week assignment without contacting your SYNERGY HomeCare office with reason and documentation why you cannot complete the full week’s assignment, SYNERGY HomeCare will consider that your voluntary resignation and you will be taken off all assignments. Each weekly assignment must be worked in full--no exceptions will be made.

Employee Signature:
<b>X</b> _____

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