

ILS Activity Documentation

Week 1	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Week 2	Thu	Fri	Sat	Sun	Mon	Tue	Wed
Month/Day/Year								Monthly/day/year							
Time In Am/Pm								Time In Am/Pm							
Time Out Am/Pm								Time Out Am/Pm							
Time In Am/Pm								Time In Am/Pm							
Time Out Am/Pm								Time Out Am/Pm							
Total Daily Hrs:								Total Daily Hrs:							
Enter Completed Task								Enter Completed Task							
Activity of client								Activity of client							
Paying bills								Paying bills							
Shopping								Shopping							
Appointments								Appointments							
Writing letter								Writing letter							
Reading Mail								Reading Mail							
Finances								Finances							
Adl's								Adl's							

Acknowledgement and Required Signatures: After the employee documented his/her time and activity, the supervisor must draw a line through any dates and times the employee did not work. Review the completed timesheet for accuracy before signing. Entry of false information will lead to strict discipline, up to termination. Your signature verifies the time and services entered above are accurate and that the services were performed as directed by the supervisor.

Print Employee Name: Provider :		<p>Please use standard 12 hr time and indicate AM and PM.</p> <p>Employee: Enter each task completed and initial each box in which supports were provided by you for each visit.</p>
Employee Signature:	Date:	
Client Name:		<p>OFFICE USE ONLY</p> <p>Two Week Total:</p>
Clients Signature:		