



## Night Supervision Documentation

Week 1	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Week 2	Thu	Fri	Sat	Sun	Mon	Tue	Wed
Monthly/day/year								Monthly/day/year							
<b>Time In</b>															
<b>Time Out</b>															
<b>Total Daily Hrs:</b>								Total Daily Hrs:							
<b>Enter Completed Task: write A or S in slot for that hour with the client</b>								<b>Enter Completed Task: write A or S in slot for that hour with the client</b>							
8pm A= Awake S= Sleep								8pm A= Awake S= Sleep							
9pm A= Awake S= Sleep								9 pm A= Awake S= Sleep							
10pm A= Awake S= Sleep								10 pm A= Awake S= Sleep							
11pm A= Awake S= Sleep								11 pm A= Awake S= Sleep							
12Am A= Awake S= Sleep								12 pm A= Awake S= Sleep							
1 Am A= Awake S= Sleep								1 Am A= Awake S= Sleep							
2 Am A= Awake S= Sleep								2 Am A= Awake S= Sleep							
3 Am A= Awake S= Sleep								3Am A= Awake S= Sleep							
4 Am A= Awake S= Sleep								4 Am A= Awake S= Sleep							
5 Am A= Awake S= Sleep								5 Am A= Awake S= Sleep							
6 Am A= Awake S= Sleep								6 Am A= Awake S= Sleep							
7 Am A= Awake S= Sleep								7Am A= Awake S= Sleep							

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