



## TIME SHEET

EMPLOYEE NAME: \_\_\_\_\_ WEEK ENDING: \_\_\_\_\_

CHARGE CODES: **A** = ADMISSION      **RES** = RESUMP OF CARE      **HHA** = HOME HEALTH AIDE  
**P** = REVISIT      **NTUC** = NOT ADMITTED      **PCA** = PERS CARE ATTEND  
**IV** = IV VISIT      **RD** = RECERT DIRECT      **HMK** = HOMEMAKER  
**S** = SUPERVISORY      **DCD** = DISCHARGE DIRECT      **RSP** = RESPITE  
**I** = INSERVICE      **DCI** = DISCHARGE INDIRECT      **C** = COMPANION  
**T** = TRANSFER OASIS      **N2** = MISSED VISIT/LAB  
DROP OFF

PATIENT NAME	DATE	CHARGE CODE	TIME IN	TIME OUT	TOTAL TIME	TOTAL MILES	COMMENTS

I certify this week that I have not had a work-related injury at my assignment, neither have I witnessed any work-related injury to any other Firstat Employee.

\_\_\_\_ I Agree      \_\_\_\_ I Disagree with the above statement

\_\_\_\_\_  
Employee \_\_\_\_\_  
Date