



NURSING TIME SHEET

Employee Name: _____

Week Ending: ___/___/___

Charge Codes:

A= Admission
SNV= Skilled Nurse Visit
IV= IV visit
S= Supervisory
I= Inservice
T= Transfer Oasis

ROC= Resumption of Care
NTUC= Not Admitted
RD= Recert Direct
DCD= Discharge Direct
DCI= Discharge Indirect
N2= Missed Visit/Lab Drop Off

HHA= Home Health Care
PCA= Personal Care Attendant
HMK= Homemaker
RSP= Respite
C= Companion
I= Interpreter

Table with 8 columns: Client Name, Date, Charge Code, Time In, Time Out, Total Hours, Total Miles, Comments. The table contains 18 empty rows for data entry.

I certify that this week I have not had any work related injuries on assignment. Nor have I witnessed any work related injuries to any other AHCNS employees.

_____ I agree _____ I disagree with the above statement.

_____ Employee Signature _____ Date