



**EZ GUARANTEED SERVICES, INC**

425 Huehl Rd, 13A 3 Northbrook, IL 60062  
Phone: 224-707-3686 Fax: 224-241-3388

CLIENT NAME (PRINT): \_\_\_\_\_

CLIENT PHONE #: \_\_\_\_\_

HEMOCARE AIDE NAME (PRINT): \_\_\_\_\_

HEMOCARE AIDE PHONE #: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

THIS TIMESHEET IS DIRECTLY LINKED TO YOUR COMPENSATION. IT **MUST** MATCH THE EVV TELEPHONE SYSTEM TIMECLOCK AND THE ORIGINAL **MUST** BE RECEIVED IN OUR OFFICE BY MONDAY FOLLOWING THE PAY PERIOD.

SERVICE MONTH	TIME IN	TIME OUT	HOURS SERVED	TASKS (Circle Codes That Apply)	CLIENT SIGNATURE
1 / 16	AM PM	AM PM		A B C D E F G H I J K L _____	
2 / 17	AM PM	AM PM		A B C D E F G H I J K L _____	
3 / 18	AM PM	AM PM		A B C D E F G H I J K L _____	
4 / 19	AM PM	AM PM		A B C D E F G H I J K L _____	
5 / 20	AM PM	AM PM		A B C D E F G H I J K L _____	
6 / 21	AM PM	AM PM		A B C D E F G H I J K L _____	
7 / 22	AM PM	AM PM		A B C D E F G H I J K L _____	
8 / 23	AM PM	AM PM		A B C D E F G H I J K L _____	
9 / 24	AM PM	AM PM		A B C D E F G H I J K L _____	
10 / 25	AM PM	AM PM		A B C D E F G H I J K L _____	
11 / 26	AM PM	AM PM		A B C D E F G H I J K L _____	
12 / 27	AM PM	AM PM		A B C D E F G H I J K L _____	
13 / 28	AM PM	AM PM		A B C D E F G H I J K L _____	
14 / 29	AM PM	AM PM		A B C D E F G H I J K L _____	
15 / 30	AM PM	AM PM		A B C D E F G H I J K L _____	
31	AM PM	AM PM		A B C D E F G H I J K L _____	
<b>TOTAL HOURS SERVED</b>					

**TASK CODE LEGEND**  
(Providing Assistance by Task)

A - BATH  
B - HYGIENE/GROOMING  
C - INCONTINENCE  
D - MEAL PREPERATION  
E - EATING ASSIST  
F - HOUSEKEEPING  
G - TRANSPORTATION  
H - TRANSFERING ASSIST  
I - OUTSIDE ASSIST  
J - LAUNDRY  
K - ROUTINE HEALTH  
L - OTHER

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**TWO-WAY RECEIPT**

AMOUNT GIVEN TO WORKER:  
CASH: \_\_\_\_\_ CHECK: \_\_\_\_\_

FOOD STAMPS: \$ \_\_\_\_\_  
AMOUNT SPENT: \$ \_\_\_\_\_

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CLIENTS SIGNATURE: \_\_\_\_\_

AMOUNT RETURNED TO CLIENT:  
CASH: \_\_\_\_\_ CHECK: \_\_\_\_\_

FOOD STAMPS: \$ \_\_\_\_\_  
AMOUNT SPENT: \$ \_\_\_\_\_

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HEMOCARE AIDE SIGNATURE \_\_\_\_\_

**REMEMBER**

- TO MAIL THE ORIGINAL
- TO MAKE A COPY FOR YOUR RECORDS

HEMOCARE AIDE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

My signature above indicates I have worked this week(s) without an accident or injury to myself and certifies I have provided services as specified above.

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_