

Client Quality Assurance

Requirements For Timesheet

Circle

- | | | |
|---|-----|----|
| 1. Client's Name Noted? | Yes | No |
| 2. Date of Service Noted? | Yes | No |
| 3. Time In Noted? | Yes | No |
| 4. Time Out Noted? | Yes | No |
| 5. Are you filling out info for correct day on TS? | Yes | No |
| 6. Are Services Broken Out? For Example: | | |
| a. Are HMK units/hours listed separately? | Yes | No |
| b. Are PC units/hours listed separately? | Yes | No |
| c. Are RC units/hours listed separately? | Yes | No |
| d. Are PDN units/hours listed separately? | Yes | No |
| e. Are any/all units/hours listed separately? | Yes | No |
| f. Is there a total listed for all services? | Yes | No |
| 7. Client/Family signature daily? | Yes | No |
| 8. Are there any alterations on timesheet? For Example: | | |
| a. Scribbling (changes must be legible w/CT initials) | Yes | No |
| b. White-Out | Yes | No |
| 9. Is the Week Ending Noted? | Yes | No |
| 10. Is there an employee signature? | Yes | No |
| 11. Are there client comments notated? | Yes | No |