	FOR OFFICE USE ONLY		PAID BILLED							Lead RN Sign Off	
WEEK		TOTAL									
RVICES INC. ARD	WK NO.	PCA									WEEKLY TOTAL
RIGHTWAY HOME CARE SERVICES INC. PCA Supervision TIME CARD Year: 2023	WEEK OF:	CLIENT									
-		END	AM PM	AM PM	AM PM	AM PM	AM PM	АМ РМ	AM PM	AM PM	AM PM
	AME:	CLIENT VISIT TIME	AM PMAM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	EMPLOYEE NAME:	DATE									

2023 Weekly Calendar

WK#	Monday	Thru	Sunday	Paid On	WK#	Monday	Thru	Sunday	Paid On
				Friday					Friday
1	Dec 12	TO	Dec 18		27	Jun 12	TO	Jun 18	
2	Dec 19	ТО	Dec 25	Jan 6	28	Jun 19	ТО	Jun 25	Jul 7
3	Dec 26	ТО	Jan 1	7	29	Jun 26	TO	Jul 2	7
4	Jan 2	ТО	Jan 8	Jan 20	30	Jul 3	TO	Jul 9	Jul 21
	j Jan Z	10	Jan o	Jan 20		1013	10	July	Jul 21
5	Jan 9	TO	Jan 15		31	Jul 10	TO	Jul 16	
6	Jan 16	ТО	Jan 22	Feb 3	32	Jul 17	ТО	Jul 23	Aug 4
7	Jan 23	ТО	Jan 29	7	22	Jul 24	TO	Jul 30	\neg
8				Fob 17	33	ł.			Aug 10
8	Jan 30	ТО	Feb 5	Feb 17	34	Jul 31	TO	Aug 6	Aug 18
9	Feb 6	ТО	Feb 12		35	Aug 7	TO	Aug 13	
10	Feb 13	ТО	Feb 19	Mar 3	36	Aug 14	TO	Aug 20	Sept 1
11	Feb 20	тО	Feb 26	٦	27	A 24	то	A 27	_
11		TO		24 47	37	Aug 21	TO	Aug 27	0 145
12	Feb 27	ТО	Mar 5	Mar 17	38	Aug 28	ТО	Sep 3	Sept 15
13	Mar 6	ТО	Mar 12		39	Sep 4	TO	Sep 10	\neg
14	Mar 13	TO	Mar 19	Mar 31	40	Sep 11	TO	Sep 17	Sept 29
						1			
15	Mar 20	TO	Mar 26		41	Sep 18	TO	Sep 24	
16	Mar 27	ТО	Apr 2	Apr 14	42	Sep 25	TO	Oct 1	Oct 13
17	Apr 3	ТО	Apr 9		43	Oct 2	TO	Oct 8	
18	Apr 10	TO	Apr 16	Apr 28	44	Oct 9	TO	Oct 15	Oct 27
19	Apr 17	TO	Apr 23		45	Oct 16	TO	Oct 22	
20	Apr 24	ТО	Apr 30	May 12	46	Oct 23	ТО	Oct 29	Nov 10
21	May 1	TO	May 7	7	47	Oct 30	ТО	Nov 5	
22	May 8	TO	May 14	May 26	48	Nov 6	ТО	Nov 12	Nov 24
23	May 15	TO	May 21		49	Nov 13	ТО	Nov 19	
24	May 22	ТО	May 28	Jun 9	50	Nov 20	ТО	Nov 26	Dec 8
25	May 29	TO	Jun 4	\neg	E1	Nov 27	TO	Dec 3	
25 26	•			lun 22	51		TO		Doc 22
	Jun 5	TO	Jun 11	Jun 23	52	Dec 4	ТО	Dec 10	Dec 22

^{*}TIME SHEETS ARE DUE MONDAY BY 4:30 P.M., PLEASE EITHER FAX 763-208-5725, EMAIL –RIGHTWAY@RHCSI.COM OR BRING IN YOUR TIME SHEETS TO THE OFFICE, IF FAXING OR EMAILING ORIGINAL TIME SHEETS MUST BE BROUGHT INTO THE OFFICE ON PAYDAY.

*REPORT TO THE OFFICE ANY TIME YOU ARE NOT GOING TO BE AT WORK (i.e. sickness, vacation, any time off)

COMMENTS:		

^{*}REPORT TO THE OFFICE ANY NEW CLIENT INFORMATION (i.e. client in hospital, rehab etc.) AND ALSO REPORT WHEN THE CLIENT COMES BACK HOME.