


**Sunshine in Homecare and Assistance, LLC
Documentation of Hours / Mileages Served**

Client Name: XX Client ID 222

Caregiver's Name: XXX EID 333

Date MM/DD/YY	Day	Indicate AM or PM		Total Work Hours	Total Miles	Destination/Purpose
		Start Time	End Time			
11/21/2022	Monday	6:25p.m.	9:22 p.m.	3.00	8	Home- Church- Home
11/25/2022	Thursday	10:25a.m	1:15p.m	2.75	23.1	Home- 5/3 Bank -Fresh Thyme-CAM-Dayou-Home
12/01/2022	Thursday	8:55a.m	12:05p.m	3.25	17	Home- Mason Kroger-Mason Modern Dentistry -Dayou-Target at West Chester-Home
12/01/2022	Thursday	6:45p.m	9:23p.m	2.75	8	Home- Church- Home
Total For Client				11.75_H	56.1M	

Employee Signature : 

Date: 12/2/2022

*Employ Statement:: I agree not to accept employment with the Client for the term of my employment with Sunshine and for 180 days after the termination of my employment with Sunshine. I declare that I have sustained no injury on this assigned job and that the days and hours indicated are correct. In order to be paid I understand that this time sheet must be complete and signed by both me and the client.

