

Aide Home Health Care
317 Irene Ave.
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Ironton, MN 56455



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Fax: (218) 772-0142
e: aidehomecare@charter.net

Unit Charts _____
Submitted _____
Emp. Paid _____
Reviewed _____
Co. Paid _____

Claim # _____

CLIENT NAME _____ I.D. # _____ DATE _____

EMPLOYEE NAME _____ I.D. # _____ DATE _____

TIME SHEETS ARE DUE EVERY MONDAY

DATE	DAY	TIME IN	TIME OUT	RN TYPE	LPN TYPE	HOMEMAKING	TOTAL
				<input type="checkbox"/> Complex <input type="checkbox"/> Regular	<input type="checkbox"/> Complex <input type="checkbox"/> Regular	<input type="checkbox"/> Complex <input type="checkbox"/> Regular	
				<input type="checkbox"/> Complex <input type="checkbox"/> Regular	<input type="checkbox"/> Complex <input type="checkbox"/> Regular	<input type="checkbox"/> Complex <input type="checkbox"/> Regular	
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				<input type="checkbox"/> Complex <input type="checkbox"/> Regular	<input type="checkbox"/> Complex <input type="checkbox"/> Regular	<input type="checkbox"/> Complex <input type="checkbox"/> Regular	
				<input type="checkbox"/> Complex <input type="checkbox"/> Regular	<input type="checkbox"/> Complex <input type="checkbox"/> Regular	<input type="checkbox"/> Complex <input type="checkbox"/> Regular	
TOTAL							

Signature below indicates that to the best of your knowledge the information listed on this labor statement is accurate. Missing, incorrect, or false information may cause a delay in payment.

EMPLOYEE SIGNATURE _____

CLIENT SIGNATURE _____