Bari Home Care, LLC

37-16 73rd Street, 4th FL, Suite 401, Jackson Heights, NY 11372
Phone: 718 898 7100 Fax: 646 630 9581

For Timesheet related query please call:

718-291-4163

Complete, sign and either scan or take a photograph and then e-mail a copy to **payroll@barihomecare.com**

Employee Name:		Cell No.	
Consumer Name:		Medicaid No.	
Consumer Address:			

*By my signature I attest that this timesheet accurately records my CURRENT RESIDENTIAL ADDRESS AND THE SPECIFIC DAYS AND HOURS I have worked for this consumer. My signature also attests that I have provided the necessary personal tasks agreed to by the consumer. I understand that failure to accurately complete the timesheet may be constructed as fraudulent and may result in disciplinary action.
**By my signature I attest that this timesheet accurately records my CURRENT RESIDENTIAL ADDRESS AND THE SPECIFIC DAYS AND HOURS that the named Personal Assistant has worked for me. My signature also attests that I have been provided with the necessary personal tasks agreed to with the Personal Assistant. I understand that failure to accurately complete the timesheet may be constructed as fraudulent and may result in disciplinary action.

WRITE DATES worked HERE					**Personal Assistant** Signs HERE for **EACH DAY** WORKED	**CONSUMER** Signs **DAILY**
Day	**Date**	**Start Time**	**End Time**	**Total Hours**	**Personal Assistant Signature***	**Consumer Signature****
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
			Weekly Total:			