

Hospice & Community Care
Volunteer Monthly Time Sheet

Volunteer Name _____ **ID#** _____ **Month/Year** _____

Enter time in quarters: 15 mins=0.25 30mins=0.50 45mins=.75 1 hr=1.00

PATIENT SERVICE TIME

Date	Patient ID#	Code	Travel Time	Service Time	DESCRIPTION

CODES:

26 Non-Direct Patient Support- Bereavement calls, mailings, camps, events; Support groups; Medical Records; Funerals; DOES NOT INCLUDE DIRECT PATIENT VISITS

71 Direct Patient Care- Includes actual visits with patients

73 Patrick Hospice House- Same as code 26, but for the House (desk greeter, assistance with meals, clerical support, flower arranging, etc.)

74 Vigil Patient Care- Includes vigil services with patients.

78 Patient Care In-service and Education- Vigil Trainings; Patient-care related trainings & meetings, self-education

TRANSITIONS SERVICE TIME

Date	Client ID#	Code	Travel Time	Service Time	DESCRIPTION
		79			
		79			
		79			

CODE: 79 Transitions- Includes all volunteer time for Transitions program.

NON-PATIENT SERVICE TIME

Date	Code	Travel Time	Service Time

CODES:

62 Non-Patient In-service and Education- Volunteer & Hospice House trainings, in-services and meetings; self-education

75 General Support- Baking; Community events, Clerical; Marketing; Potting Shed, Prayer Shawls; Resale Store; Watchman; Grounds work; Board of Directors

Please mail, email, fax or drop off at campus or Resale Store:

P.O. Box 993 Rock Hill, SC 29731/ young@hospicecommunitycare.org/ Fax 329-1695

Volunteer Signature _____

Time Sheets are due by the 10th of the month.

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Please list additional time here.

PATIENT/ CLIENT SERVICE TIME

Date	Patient/ Client ID#	Code	Travel Time	Service Time	<i>DESCRIPTION</i>

TRANSITIONS SERVICE TIME

Date	Client ID#	Code	Travel Time	Service Time	<i>DESCRIPTION</i>
		79			
		79			
		79			
		79			
		79			
		79			
		79			
		79			

NON-PATIENT SERVICE TIME

Date	Code	Travel Time	Service Time

Time Sheets are due by the 10th of the month.