



Asha Ko Kiran Homecare, LLC
 501 W Oregon Ave, Unit # 1
 Philadelphia, PA 19148
 267-319-1726

Email: ashakokiranhomecare@gmail.com

MISSED PUNCH FORM

Consumer Name: _____

Employee Name: _____

Week Ending Date: _____

Employee Signature: _____

DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	CONSUMER SIGN	DAYS	TOTAL HOURS
						MON	
						TUES	
						WED	
						THURS	
						FRI	
						SAT	
						SUN	

Instructions: 1. Please fill out your clients' name by consumer. 2. Print your name 3. Fill in the week ending date for the pay period 4. Sign on the line that says employee signature 5. Please fill in the correct dates and times of your schedule in the box above 6. Below please write the correct reason for the missed Punch from the Missed Punch Key to right of the box.

DAYS	REASON FOR MISSED PUNCH KEY
MON	
TUES	
WED	
THURS	
FRI	
SAT	
SUN	

Reason for missed Punch Key

1. Unable to use mobile device
2. Client Phone not working/technical issues
3. Client does have phone in home
4. Change in Schedule
5. Data Entry Error
6. Attended failed to call in call out
7. Phone in use by client or individual in client's home

Please reach out to Asha Ko Kiran Home Care, LLC 267-319-1726 to inform them of schedule changes or missed punches so that the schedule can be updated, as necessary. Missed punch form must be turned in by Monday to ensure no time is missed for the current payroll week.

**Officially use only
 Verify Missed Punch Form by**

Asha Staff Signature: _____

Date: _____

All Missed Punch Form are to be turned into the office every Monday by 5:00 pm. Missed Punch Form submitted after the deadline will be held until the following pay period. *Please make certain that Missed Punch Form are completed entirely, accurately, and that they are legible. DCW and Client must sign. No **SCRATCH-OUTS**. No **WHITE-OUT**. If you make a mistake, draw a single line through it, initial it and make your correction. Any incomplete Missed Punch Form will not be acceptable. This is the property of ASHA KO KIRAN HOME CARE, LLC. The form and information therein, is confidential and proprietary.



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ADL/LADL Activities Lists

Duties	DAY	Meal preparation	Housework/ chore	Managing Finances	Managing Medications	Shopping	Transportation	Range of Motion	Hygiene	Dressing Upper	Dressing Lower	Locomotion	Transfer	Toilet Use	Bed Mobility	Eating	Bowel Incontinence	Personal care	Bathing	
First week	MON																			
	TUES																			
	WED																			
	THURS																			
	FRI																			
	SAT																			
	SUN																			

Consumer Progress Note: _____

I certify that I have read, understand, and agree to comply with Asha Ko Kiran Homecare, LLC and that I have worked the hours reported on this Timesheet/missed punch form Agreement and I understand missed punch form forgery, fraud, theft or embezzlement may constitute a against policy; that my Assignment has not been changed; that I have not been asked to perform work that is unsafe or unlawful; that I have not suffered any injury or unacceptable condition of employment during this Assignment; that I have not had any discussions or offers of employment with Client which I have not reported to the Asha Ko Kiran Homecare, LLC . I understand that I must obtain permission from the Asha Ko Kiran Homecare, LLC before discussing or applying for any employment opportunity with Client and must receive confirmation from Asha Ko Kiran Homecare, LLC that Client has met all of Client’s obligations to Asha Ko Kiran Homecare, LLC before I may begin employment with Client.

Employee Signature: _____

Date: _____

Note:

1. If you missed clock in/clock out more than 7 minutes, then you need to complete this form.
2. If you missed clock in/clock out for a day, you also need to complete this form.
3. If you missed more than 2 days, you would not get paid for two days missing.
4. If you missed any days more than 1 hours or delay on clock in/out, please notify to us calling our agency number.

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