Orientation Supplemental Downloads

Thank you for your interest in Mind & Mobility. Included in this package are the following documents:

- Timesheet – Sample
- Timesheet – Blank
- Payroll Schedule – 2026
- Paylocity – Payroll App Information
- Working Advantage – Employee Discount Programs

If you have any questions, please contact the HR team at **hr@mindandmobility.com** or **813-303-0493**.

MIND&MOBILITY
Home Care Centers

Mind & Mobility Timesheet

It is mandatory to receive signatures for every client visit.

Week Starting Date (Monday): 02/19/2024

Week Ending Date (Sunday): 02/25/2024

Sheets must be scanned and e-mailed by the end (sooner if possible) of each week to: YOUR LOCAL OFFICE

Caregiver's Full Name: Mary Smith

Client's Full Name: John William

Client's Address: 1234 1st Street, Fort Myers, FL 33907

No cross-outs allowed - Details of Services Provided:

Day	Date (mm/dd/yy)	PC		HMKG		COMP		RESP		Total Hours Per Day	Client Signature(s): Daily Signatures **Required** of the Client or an Adult Representative Attesting to Service Satisfaction and Correct Service Hours as Listed.
		Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time		
MON	02/19/24	9 AM	12 PM			12PM	3PM	3PM	5PM	8	Client Signature:
TUE											Client Signature:
WED											Client Signature:
THU											Client Signature:
FRI											Client Signature:
SAT											Client Signature:
SUN											Client Signature:
									Total Hours for the Week:	8	

Caregiver Signature:

CAREGIVER SIGNATURE CERTIFIES ACCURACY FOR THE ABOVE RECORD OF TIME AND SERVICE(S) PROVIDED. PURPOSELY FALSIFYING ENTRIES WILL RESULT IN DISCIPLINARY ACTION UP TO AND/OR INCLUDING TERMINATION OF EMPLOYMENT.

****Even if you are using the application to clock in/out, this sheet is MANDATORY for ALL VISITS you don't get the client's signature. ****

Complete the portion below only if your application is NOT used for ADL's — Day of Week:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Bathing: ☐ Bed Bath ☐ Partial/Sponge ☒ Shower/Bath ☐ Assisted	☒	☐	☐	☐	☐	☐	☐
Grooming ☐ **Shave** ☒	☒	☐	☐	☐	☐	☐	☐
Hair Care: ☐ Combed ☒ Washed	☒	☐	☐	☐	☐	☐	☐
Oral Care ☐	☐	☐	☐	☐	☐	☐	☐
Toileting: ☐ Peri-care ☐ Empty/Measure Drainage Bag ☐ Record Output ☐ Chart Bowel Movements	☐	☐	☐	☐	☐	☐	☐
Turn Position of Client	☐	☐	☐	☐	☐	☐	☐
Assist with Walking	☐	☐	☐	☐	☐	☐	☐
Assist with Transfers: ☒ Pivot ☐ Board ☐ Hoyer	☒	☐	☐	☐	☐	☐	☐
Encourage Active Range of Motion	☐	☐	☐	☐	☐	☐	☐
Remind Client to Take Medication	☒	☐	☐	☐	☐	☐	☐
Prepare/Serve Meals ☐	☐	☐	☐	☐	☐	☐	☐
Bed: ☒ Make ☐ Change Linens	☒	☐	☐	☐	☐	☐	☐
Clean/Tidy: ☒ Bedroom ☒ Bathroom ☐ Kitchen ☒ Wash Dishes ☐ Vacuum ☐ Sweep ☐ Mop/Dust Weekly	☒	☐	☐	☐	☐	☐	☐
Empty Trash/Ash Trays ☐	☐	☐	☐	☐	☐	☐	☐
Shopping/Errands	☐	☐	☐	☐	☐	☐	☐
Laundry	☒	☐	☐	☐	☐	☐	☐
Keep Floor Free of All Obstacles	☐	☐	☐	☐	☐	☐	☐
No Change to client's Condition	☒	☐	☐	☐	☐	☐	☐

NOTE: Call office immediately with changes in client's condition. Document the name and date of office staff member(s) you notified below:

Week Starting Date (Monday):

Week Ending Date (Sunday):

All timesheets are due by Sunday at 12:00am midnight and must be submitted to corresponding office.

Caregiver's Full Name:

Client's Full Name: **Client's Address:**

No cross-outs allowed - Details of Services Provided:											**Client Signature(s):**
Day	**Date** *(mm/dd/yy)*	**PC**		**HMKG**		**COMP**		**RESP**		**Total Hours Per Day**	Daily Signatures **Required** of the Client or an Adult Representative Attesting to Service Satisfaction and Correct Service Hours as Listed.
		Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time		
MON											Client Signature:
TUES											Client Signature:
WED											Client Signature:
THURS											Client Signature:
FRI											Client Signature:
SAT											Client Signature:
SUN											Client Signature:
									Total Hours for the Week:		

Caregiver Signature:		**CAREGIVER SIGNATURE CERTIFIES ACCURACY FOR THE ABOVE RECORD OF TIME AND SERVICE(S) PROVIDED. PURPOSELY FALSYING ENTRIES WILL RESULT IN DISCPLINARY ACTION UP TO AND/OR INCLUDE TERMINATION OF EMPLOYMENT.**

****Even if you are using the application to clock in/out, this sheet is MANDATORY for VISITS you don't get client's Signature. ****

Complete the portion below only if your application is NOT used for ADL's **Day of Week:**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Brain Fitness: ☐	☐	☐	☐	☐	☐	☐	☐
Movement and Mobility Fitness Activities: ☐	☐	☐	☐	☐	☐	☐	☐
Bathing: ☐ Bed Bath ☐ Partial/Sponge ☐ Shower/Bath ☐ Assisted	☐	☐	☐	☐	☐	☐	☐
Grooming ☐ **Shave** ☐	☐	☐	☐	☐	☐	☐	☐
Hair Care: ☐ Combed ☐ Washed	☐	☐	☐	☐	☐	☐	☐
Oral Care: ☐	☐	☐	☐	☐	☐	☐	☐
Dressing: ☐	☐	☐	☐	☐	☐	☐	☐
Toileting: ☐ Peri-care ☐ Empty/Measure Drainage Bag ☐ Record Output ☐ Chart Bowel Movements	☐	☐	☐	☐	☐	☐	☐
Turn Position of Client	☐	☐	☐	☐	☐	☐	☐
Assist with Walking	☐	☐	☐	☐	☐	☐	☐
Assist with Transfers: ☐ Pivot ☐ Board ☐ Hoyer	☐	☐	☐	☐	☐	☐	☐
Encourage Active range of Motion	☐	☐	☐	☐	☐	☐	☐
Remind Client to Take Medication	☐	☐	☐	☐	☐	☐	☐
Prepare/Serve Meals ☐	☐	☐	☐	☐	☐	☐	☐
Bed: ☐ Make ☐ Change Linens	☐	☐	☐	☐	☐	☐	☐
Clean/Tidy: ☐Bedroom☐ Bathroom ☐ Kitchen ☐ Wash Dishes ☐ Vacuum ☐ Sweep ☐ Mop/Dust Weekly	☐	☐	☐	☐	☐	☐	☐
Empty Trash/Ash Trays ☐	☐	☐	☐	☐	☐	☐	☐
Shopping/Errands	☐	☐	☐	☐	☐	☐	☐
Laundry	☐	☐	☐	☐	☐	☐	☐
Keep Floor Free of All Obstacles	☐	☐	☐	☐	☐	☐	☐
No Change to Clients Condition	☐	☐	☐	☐	☐	☐	☐

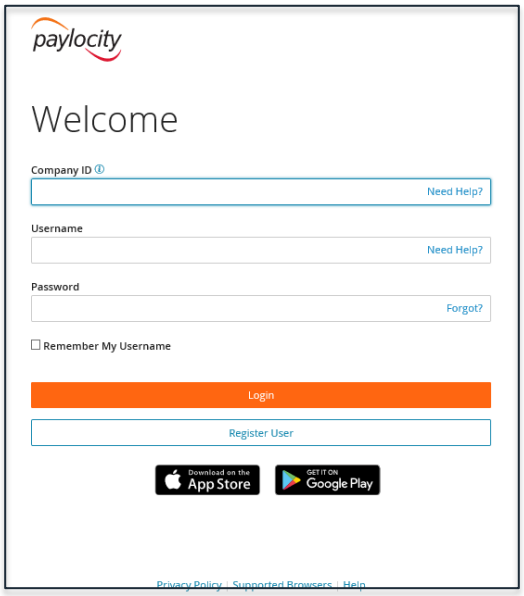
NOTE: Call office immediately with changes in client's condition. Document the name and date of office staff member(s) you notified

PAYROLL SCHEDULE JANUARY - JUNE 2026			
PAY PERIOD			PAY DAY (FRIDAY)
12/15/2025	TO	12/28/2025	1/2/2026
12/29/2025	TO	1/11/2026	1/16/2026
1/12/2026	TO	1/25/2026	1/30/2026
1/26/2026	TO	2/8/2026	2/13/2026
2/9/2026	TO	2/22/2026	2/27/2026
2/23/2026	TO	3/8/2026	3/13/2026
3/9/2026	TO	3/22/2026	3/27/2026
3/23/2026	TO	4/5/2026	4/10/2026
4/6/2026	TO	4/19/2026	4/24/2026
4/20/2026	TO	5/3/2026	5/8/2026
5/4/2026	TO	5/17/2026	5/22/2026
5/18/2026	TO	5/31/2026	6/5/2026
6/1/2026	TO	6/14/2026	6/19/2026
6/15/2026	TO	6/28/2026	7/3/2026

PAYROLL SCHEDULE JULY- DECEMBER 2026			
PAY PERIOD			PAY DAY (FRIDAY)
6/29/2026	TO	7/12/2026	7/17/2026
7/13/2026	TO	7/26/2026	7/31/2026
7/27/2026	TO	8/9/2026	8/14/2026
8/10/2026	TO	8/23/2026	8/28/2026
8/24/2026	TO	9/6/2026	9/11/2026
9/7/2026	TO	9/20/2026	9/25/2026
9/21/2026	TO	10/4/2026	10/9/2026
10/5/2026	TO	10/18/2026	10/23/2026
10/19/2026	TO	11/1/2026	11/6/2026
11/2/2026	TO	11/15/2026	11/20/2026
11/16/2026	TO	11/29/2026	12/4/2026
11/30/2026	TO	12/13/2026	12/18/2026
12/14/2026	TO	12/27/2026	1/1/2027
12/28/2026	TO	1/10/2027	1/15/2027

Web Pay Registration

1. www.Access.Paylocity.com
2. Click **Register User**. *Click I do not have a passcode



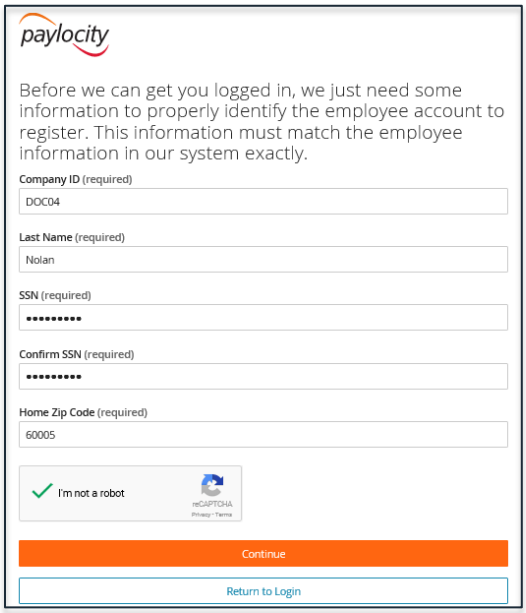
Smart Tip
To be able to register, an employee record must have been created for you on the assigned **Company ID**. The information being entered has to match what is on that record.

Contact your company administrator or supervisor to confirm your record's details if you are having difficulty entering the correct information in the registration process.

Smart Tip
From a mobile device, tap on the Apple or Google Play icon to navigate to the respective app store to download the Paylocity Mobile Application (App).

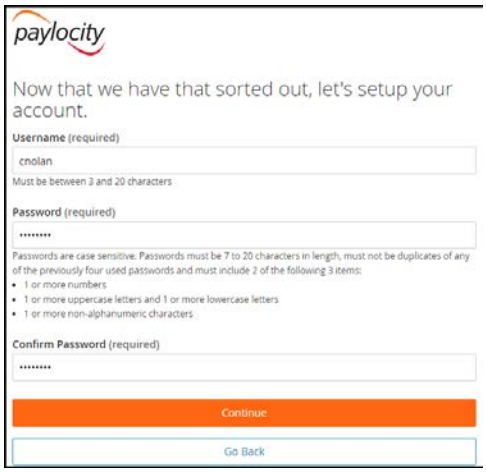
Paylocity Mobile is required to be enabled for the company you are assigned to for use of the app.

3. Enter the Paylocity assigned **Company ID** (not case-sensitive), then your **Last Name**.
4. Enter your nine-digit Social Security Number (**SSN**) in the **SSN** and **Confirm SSN** fields.
5. Enter your **Home Zip Code**.
6. Click into the box next to **I'm not a robot** and click **Continue**.
    - If prompted to further confirm you as a user after checking the box, complete the verification steps and click **Verify**.



Local Office	Company ID
Brandon	141377
Palm Harbor	141377
Orlando	144525
Fort Myers	144798
Boca Raton	116535
Fort Lauderdale	116535
Miami	117607
Grand Rapids	304442

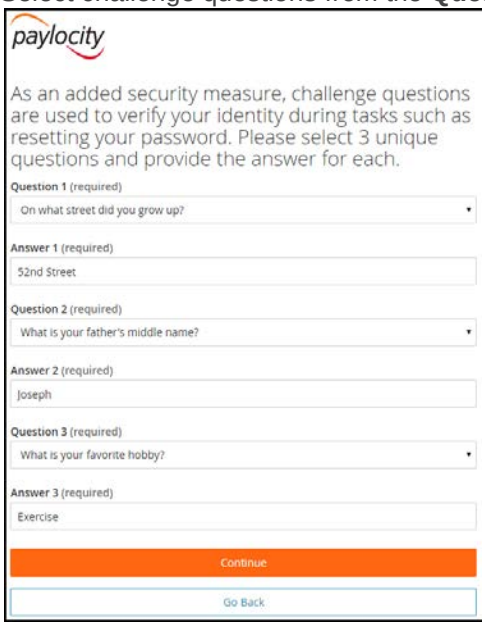
7. Enter the **Username** (not case-sensitive), then the **Password** (case-sensitive) into the **Password** and **Confirm Password** fields. Click **Continue**.



Smart Tip
The **Username** is required to be between 3 and 20 characters.

Smart Tip
The **Password** is required to be between 7 and 20 characters, in addition to including 2 of the following 3 items: 1 or more numbers, 1 or more uppercase letters and 1 or more lowercase letters, 1 or more non-alphanumeric characters.

8. Select challenge questions from the **Question (1,2,3)** drop downs, provide the answers, and click **Continue**.



Smart Tip
Choose questions and answers that are not difficult to recall. Challenge questions can be asked when performing tasks such as resetting a password.

9. Review all the populated information and click **Finish** to create your user account.

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