

**UCI#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Client Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Month/Year of Service**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Support**

**Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coordinator \_\_Matt Francis\_\_\_**

**Please circle ONE: Parent Choice Agency Respite Behavior Respite SIB SUB**

**Please circle ONE: IRC SGPRC FLRC SCLARC ELARC**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time In** | **Time Out** | **Total Hours** | **Date** | **Time In** | **Time Out** | **Total Hours** |
|  | a.m.  p.m. | a.m.  p.m. |  |  | a.m.  p.m. | a.m.  p.m. |  |
|  | a.m.  p.m. | a.m.  p.m. |  |  | a.m.  p.m. | a.m.  p.m. |  |
|  | a.m.  p.m. | a.m.  p.m. |  |  | a.m.  p.m. | a.m.  p.m. |  |
|  | a.m.  p.m. | a.m.  p.m. |  |  | a.m.  p.m. | a.m.  p.m. |  |
|  | a.m.  p.m. | a.m.  p.m. |  |  | a.m.  p.m. | a.m.  p.m. |  |
|  | a.m.  p.m. | a.m.  p.m. |  |  | a.m.  p.m. | a.m.  p.m. |  |
|  | a.m.  p.m. | a.m.  p.m. |  |  | a.m.  p.m. | a.m.  p.m. |  |
|  | a.m.  p.m. | a.m.  p.m. |  |  | a.m.  p.m. | a.m.  p.m. |  |
|  | a.m.  p.m. | a.m.  p.m. |  |  | a.m.  p.m. | a.m.  p.m. |  |
|  | a.m.  p.m. | a.m.  p.m. |  |  | a.m.  p.m. | a.m.  p.m. |  |
|  | a.m.  p.m. | a.m.  p.m. |  |  | a.m.  p.m. | a.m.  p.m. |  |
| **Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |

**DUE DATES: the 15th and 30th/31st of each month**

**(Pay day if submitted the 15th, will be on the 25th OR submitted the 30th/31st, will be on the 10th)**

**Please do not work pass 8 hrs per day AND pass 40 per week**

**Please do not take Picture of time sheet to send in. It will not be accepted.**

**FAX: 909.256.3504 -or- SCAN & EMAIL: timesheets@calrespitecare.com**

We certify that these time entries accurately reflect the Respite services provided. Guardian/Parent acknowledges that she/he is responsible for any Respite service hours which exceed the number of Respite service hours authorized.

**Guardian/Parent Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_ \_

**(1st through 15th of the month)**

**Guardian/Parent Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_ \_

**(16th through 31st of the month)**

**Employee Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_