

Choices Are For Everyone, Inc. - Weekly Timesheet
 (Due by 10:00am on the first business day of each week)

Employee Name: _____ Week Ending: _____

Program Key: Dayhab=**D**, Children=**C**, Residential=**R**, Shared Living=**SLO**, Outreach=**OUT**, Night=**N**

Consumer Name						Consumer/Program Name				
	IN	OUT	DAY/CHILDREN/OUTREACH	PROG.	HRS.	IN	OUT	RESIDENTIAL/SHARED LIV.	PROG.	HRS.
SUNDAY										
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										

HOURS WORKED: _____ EBT: _____ TOTAL HOURS: _____

EMPLOYEE SIGNATURE: _____

My signature indicates that this timesheet is a complete and accurate reflection of my time worked.

OFFICE USE ONLY	Dayhab:	941 Apt 1:	Vivian:	SLO:	Office:
	Dayhab OT:	941 Apt 1 OT:	Vivian OT:	SLO:	
	Child:	941 Apt 2:	Hicks:	Night:	
	Child OT:	941 Apt 2 OT:	Hicks OT:	Night OT:	
	EBT:	KW:	Pearl:	Outreach:	
	Training:	KW OT:	Pearl OT:	Outreach OT:	Revision Date: 12/01/2011