

Behavior Respite In-Action

semi-monthly time sheet

Employee Name _____

Period Start / End Dates _____

Total Payable Hours this period:

Total Overtime Hours this period:

Week 1	Day	Date	Start Time	Lunch Out	Lunch In	End Time	Daily Hours	Payable Hours	UCI # Serviced
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
	Weekly Payable Hours Total								<input type="text"/>

Week 2	Day	Date	Start Time	Lunch Out	Lunch In	End Time	Daily Hours	Payable Hours	UCI # Serviced
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
	Weekly Payable Hours Total								<input type="text"/>

Week 3	Day	Date	Start Time	Lunch Out	Lunch In	End Time	Daily Hours	Payable Hours	UCI # Serviced
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
	Weekly Payable Hours Total								<input type="text"/>

The information reported above is an actual representation of the service provided to the indicated consumer. My signature indicates that the information contained on this time sheet is true and accurate to the best of my knowledge.

Tarzana Branch
 5815 Tampa Ave
 Tarzana, CA 91356
 818-401-0661

Corporate Office
 450 Rosewood #213
 Camarillo, CA 93010
 805-384-1410

payroll@behaviorrespite.com

Employee Signature _____

Date _____

**Overtime is any work after 10 hours in one day or 40 hours in one week. All overtime must be authorized in writing from the Department Manager.

Time sheets are due on the 16th and the 1st. Please hand deliver, fax, or e-mail the signed copies of your time sheets to your assigned branch. Please e-mail the Payroll Department any address or telephone number changes by the timesheet due date.