

Individual Consumer Timesheet



behavior respite in action

Service Provided: Check only **ONE**

Direct Sibling

S1 Other _____

Employee: _____

UCI #:

Pay Period: _____ / _____ / **TO** _____ / _____ / _____

Local Branch Regional Center:

All fields are required and must be completed in BLACK or BLUE non-erasable pen. Do not use white-out, etc.

	Day	Date	Location	Start Time	End Time	Total Hours	Authorized Signature
Week 1	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						
Week 2	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						
Week 3	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						
						Direct Total	

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 timesheet is true and accurate to the best of my knowledge.

Employee Signature

Date

*Timesheets are due on the 1st and 16th of every month
 *All Overtime must be authorized in writing by your supervisor
 *Please hand deliver your timesheets to your assigned branch or
 Fax at (818) 301-4815 or email at payroll@behaviorrespite.com

Page: _____ of _____

An authorized signature must be obtained at the end of every session - Forging signatures is against company's policy and the law.