11601 Wilshire Blvd Ste 500 Los Angeles, CA, 90025 (213) 567 – 3838

## TIME SHEET

## HELPING HAND RESPITE

DATE:

Helping Hand Respite

Send TIMESHEETS to: Timesheets@hhrespite.com

## Do not exceed 8 hours a day, 40 hours a week or 6 days in a row (Sun-Sat)

For any hours worked from, <u>1st of the month - 15th of the month</u>, send in Timesheet by the <u>17th of the month</u>. For any hours worked from, <u>16th of the month - end of the month</u>, send in Timesheet by the <u>2nd of the following month</u>.

**Timesheet Violations:** Violations of the timekeeping policy includes but are not limited to missing signatures, missing dates, incorrect dates, unapproved overtime, and exceeding the authorized hours approved for each client.

_	EMPLOYEE NAME:	CLIENT NAME:	
	EMPLOYEE PHONE NUMBER:	CLIENT ADDRESS:	
_	EMPLOYEE EMAIL:	CLIENT ID:	

## All fields must be filled out. TOTAL SHIFT **PARENT HOURS** DATE START TIME **END TIME SIGNATURE** AMDate PM AMAM Date PM PM AM AMDate PMPM AMAM Date PM PMAMAM Date PM PM AM AM Date PM PM AM AM Date PM PM AMAMDate PM PMAM AM Date PM PMAMAM Date PM PM AM AM Date PM PMAM AM Date PMPM**TOTAL HOURS**

Timesheet must be filled out with blue or black ink. NO PENCIL.

Circles highlighted in blew must be filled out by the care provider.

Circles highlighted in red must be filled out by the parent/legal guardian.

Please, read the details shared in the email and on this Timesheet regarding work limitations, submission due dates and pay periods.

EMPLOYEE SIGNATURE:	DATE:
PARENT SIGNATURE	DATE:

By signing above, we certify that these time entries accurately reflect the respite services provided. Guardian/Parent acknowledges that they are responsible for any respite services hours which exceed the number of authorized respite hours.

**Pay Schedule:** Any hours worked from the 1st of the month - 15th of the month, will be paid on the 25th of the month. Any hours worked from the 16th of the month - end of the month, will be paid on the 10th of the following month.