

# TIME SHEET

HELPING HAND RESPITE



Helping Hand  
Respite

DATE: \_\_\_\_\_

**Send TIMESHEETS to:** [Timesheets@hhrespite.com](mailto: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, 1st of the month - 15th of the month, send in Timesheet by the 17th of the month.

For any hours worked from, 16th of the month - end of the month, send in Timesheet by the 2nd of the following month.

**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:

DATE	START TIME	END TIME	TOTAL SHIFT HOURS	PARENT SIGNATURE
Date	AM PM	AM PM		
Date	AM PM	AM PM		
Date	AM PM	AM PM		
Date	AM PM	AM PM		
Date	AM PM	AM PM		
Date	AM PM	AM PM		
Date	AM PM	AM PM		
Date	AM PM	AM PM		
Date	AM PM	AM PM		
Date	AM PM	AM PM		
Date	AM PM	AM PM		
Date	AM PM	AM PM		
<b>TOTAL HOURS</b>				

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.

**Late Submissions of Timesheets will result in a delay of processing your paycheck. Please, make sure you send Timesheets in a timely manner to avoid any delays.**