	Page: _	of:	6	Calif Respit	<mark>ornia</mark> м	onth/Year:	
	Employee Name:			Client Name:		UCI #:	
	Client Address:			City/County:			
Please Circle Authorization Type: Parent Choice Agency Respite Behavior Respite/SIT Sibling S							
Please Circle Regional Center: IRC SGPRC FDLRC SCLARC ELARC OCRC KERN WESTSIDE							
	Date	Time In	Time Out	Hours	Employee Signature	Parent/Guardian: P	rint/Sign

<u>Time Sheet Due Dates</u> are the 15th and 30th of each month. When your time sheet is submitted on the 15th, day of payment is on the 25th. When your time sheet is submitted on the 30th/31st, day of payment is the 10th. Any time sheet received late will be processed as a paper check to be picked up at our office.

TOTAL HOURS: \_

Please do not exceed 8 hours a day, 40 hours a week, or 6 days in a row.

SEND YOUR TIME SHEET TO: timesheets@calrespitecare.com

For any questions or concerns please contact payroll at <u>timesheets.calrespitecare.com</u>