*PATH2LEARNING SERVICES LLC TIME-SHEET*

Month: October Year: 2015 Billing Period: 1st-15th X 16th-31st \_\_

Employee: Jane Doe Phone#: 623-123-4567

Client: John Doe Address: 12345 W. Bell

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| **Time-sheets are due by 10:30 a.m. on the 1st and 16th regardless if on a weekend or holiday.**  ALL HABILITATION DATA SHEETS ARE DUE AT THE  END OF THE MONTH, IF DATA SHEET(S) ARE NOT ATTACHED IT WILL DELAY YOUR PAY | | | | | | | | | | | | | |
| **RESPITE HOURS** | | | | | | | **HABILITATION HOURS – DATA SHEET(S) ATTACHED**  **on 16TH – 31ST Billing Period** | | | | | | |
| ***DATE*** | | TIME IN am/pm | TIME OUT am/pm | HOURS WORKED | # CLIENTS  1 or 2 or 3 | PARENT  INITIALS | ***DATE*** | TIME IN am/pm | TIME OUT am/pm | HOURS WORKED | # CLIENTS  1 or 2 or 3 | PARENT INITIALS | |
| 1 | | 3:00pm | 6:30pm | 3.5 | 1 | LM | 1 | 6:00pm | 7:00pm | 1 | 1 | LM | |
| 2 | | 3:00pm | 6:00pm | 3 | 1 | LM | 2 | 6:00pm | 7:00pm | 1 | 1 | LM | |
| 3 | | 3:30pm | 6:30pm | 3 | 1 | LM | 3 | 6:30pm | 7:30pm | 1 | 1 | LM | |
| 5 | | 3:30pm | 6:30pm | 3 | 1 | LM | 5 | 6:30pm | 7:00pm | .5 | 1 | LM | |
| 7 | | 3:00pm | 6:00pm | 3 | 1 | LM | 7 | 6:00pm | 7:00pm | 1 | 1 | LM | |
| 8 | | 3:00pm | 6:00pm | 3 | 1 | LM | 8 | 6:00pm | 7:00pm | 1 | 1 | LM | |
| 9 | | 3:00pm | 6:00pm | 3 | 1 | LM | 9 | 6:00pm | 7:00pm | 1 | 1 | LM | |
| 11 | | 3:00pm | 6:00pm | 3 | 1 | LM | 11 | 6:00pm | 7:00pm | 1 | 1 | LM | |
| 13 | | 3:00pm | 6:00pm | 3 | 1 | LM | 13 | 6:00pm | 7:00pm | 1 | 1 | LM | |
| 15 | | 3:00pm | 6:00pm | 3 | 1 | LM | 15 | 6:00pm | 7:00pm | 1 | 1 | LM | |
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|  | |  |  | 30.5 |  |  |  |  |  | 9.5 |  |  | |
| I hereby certify the above entries are accurate and written in 15 minute increments. I understand that fraudulent entries are grounds for dismissal.  **Employee’s Signature: \_\_\_\_\_\_\_Jane Doe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: 10/31/15 Parent’s Signature: \_\_\_\_Lenman Mills\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: 10/31/15**  I hereby certify that the above entries are accurate and have been carried out. Both parties are responsible for over usage of hours. Providers will not be paid for over usage of hours. Please do not sign prior to time sheet being fully completed. I understand the Disclaimer for Transporting Consumers statement below.  **\*DISCLAIMER\* FOR TRANSPORTING CONSUMERS IN ANY VEHICLE, EMPLOYEES MUST HAVE PRIOR APPROVAL AND CARRY CURRENT PROOF OF INSURANCE & REGISTRATION AT ALL TIMES & THIS INFORMATION MUST BE IN THE EMPLOYEE’S FILE.** | | | | | | | | | | | | | |
|  | PLEASE USE **BLACK** OR **BLUE** INK ONLY TO COMPLETE TIME SHEET. IF YOUR TIME SHEET IS ILLEGIBLE, INCOMPLETE, UNSIGNED, AND/OR UNAPPROVED IT WILL BE RETURNED TO YOU, WHICH MAY DELAY YOUR PAY | | | | | | | | | | | |  |
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