


“Example Time Sheet Only”



Page: \_\_\_ of: \_\_\_    Month and Year: \_\_\_ / \_\_\_

EE ID#: \_\_\_\_\_    EE Name (First & Last): \_\_\_\_\_

Phone: \_\_\_\_\_    UCI#: \_\_\_\_\_    Client Name : \_\_\_\_\_

Email: \_\_\_\_\_    City/County: \_\_\_\_\_

Client Address: \_\_\_\_\_

Office Use Only:	Date	Time In	Time Out	Hours	EE Signature	Parent Signature	Authorization Type—
<p>B Bu Client <input type="checkbox"/></p> <p>LATE <input type="checkbox"/> _____ (Date Received)</p> <p>Office Use Only</p> <p>Authorized Hours:</p> <p>RES _____</p> <p>D/C _____</p> <p>Total Auth: _____</p> <p>No First Half <input type="checkbox"/></p> <p>1st Tot: _____</p> <p>2nd Tot: _____</p> <p>Over Tot: _____</p> <p>CG confirmed hours text/email attached <input type="checkbox"/></p> <p>Ready to Bill - <input type="checkbox"/></p>		AM	AM				<b>Circle One:</b>
	PM	PM					Parent Choice
	AM	AM					Agency Respite
	PM	PM					Behavior Res/SIT
	AM	AM					Sibling
	PM	PM					Sub
	AM	AM					*****
	PM	PM					<b>Regional Center—</b>
	AM	AM					<b>Circle One:</b>
	PM	PM					IRC
	AM	AM					SGPRC
	PM	PM					FDLRC
	AM	AM					SCLARC
	PM	PM					ELARC
AM	AM					OCRC	
PM	PM					KERN	
AM	AM					WESTSIDE	
PM	PM						

Notes .....

Timesheet Total Hours: \_\_\_\_\_

Office Use Only: Payroll  No O.T.  No TVL  Billing Only

California Respite Care, Inc. 545 N. Mountain Ave, Ste 203 Upland CA 91786  
Phone: (909) 910-1522 Fax: (909) 256-3504 Email: timesheets@calrespitecare.com

California Respite Care, Inc. provides direct deposit as a form of payment convenience, however if there are consistent violations to the timekeeping policy, California Respite Care, inc. also reserves the right to notify the employee and suspend or cancel an employees direct deposit use.

By signing this document I certify that all my hours and signatures are true and correct. Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

8/18/2021 This timesheet supersedes all previously distributed timesheets. This revised timesheet applies to all remote caregivers, regardless of date of hire.

## The Do's and Don'ts of completing a CRC Timesheet

Please use the below numbers and symbols as a reference with the attached "EXAMPLE TIMESHEET " for clear instructions on how to correctly fill out your time sheet .

- 1 Print the Month and Year that the hours were worked in. *\*Required\**
- 2 Print your Paychex Employee ID number. *\*Required\**
- 3 Print your First and Last name. *\*Required\**
- 4 Print the Client(s) assigned UCI number. *\*Required\**
- 5 Print the Client(s) First and Last name. *\*Required\**
- 6 Print the Client(s) street address where the hours were completed. *\*Required\**
- 7 Print the City and County portion of the Client(s) address. *\*Required\**
- 8 Circle the Client(s) Authorization Type. *\*Required\**
- 9 Circle the Client(s) Regional Center. *\*Required\**
- 10 Print the Date, Time In, Time Out, and total hours for each day. On a daily basis, the EMPLOYEE & PARENT/GUARDIAN "**must** sign in ink," **after** all hours are completed for the day. *\*Required\**



Print your phone number and email address in the event payroll needs to reach you regarding your Timesheet. Write the total hours worked during the pay period. Use a calculator to make sure this total equals the all of the daily hours added together.



You, the employee, must sign and date at the bottom of the timesheet. An unsigned timesheet will be returned to you unprocessed, requesting your signature.



Do Not write in these areas as they are for "Office Use Only"

8/18/2021 It is the responsibility of the EMPLOYEE to complete your timesheet correctly and submit it on time in accordance with the timekeeping policy.



Time Sheet

Page: \_\_\_\_\_ of: \_\_\_\_\_ Month and Year: \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_

EE ID#: \_\_\_\_\_ EE Name (First & Last): \_\_\_\_\_

Email: \_\_\_\_\_

UCI#: \_\_\_\_\_ Client Name : \_\_\_\_\_

Client Address: \_\_\_\_\_ City/County: \_\_\_\_\_

Office Use Only:		Date	Time In	Time Out	Hours	EE Signature	Parent Signature	Authorization Type—
B Box Client <input type="checkbox"/>			AM	AM				<b>Circle One:</b> Parent Choice
			PM	PM				
.....			AM	AM				Agency Respite
			PM	PM				
.....			AM	AM				Behavior Res/SIT
			PM	PM				
*****			AM	AM				Sibling
			PM	PM				
LATE <input type="checkbox"/> _____ (Date Received)			AM	AM				Sub
			PM	PM				
Office Use Only			AM	AM				*****
			PM	PM				
Authorized Hours:			AM	AM				<b>Regional Center—</b>
			PM	PM				
RES -			AM	AM				<b>Circle One:</b> IRC
			PM	PM				
D/C -			AM	AM				SGPRC
			PM	PM				
			AM	AM				FDLRC
			PM	PM				
			AM	AM				SCLARC
			PM	PM				
Total Auth: _____			AM	AM				ELARC
			PM	PM				
No First Half <input type="checkbox"/>			AM	AM				OCRC
			PM	PM				
1st Tot: _____			AM	AM				KERN
			PM	PM				
2nd Tot: _____			AM	AM				WESTSIDE
			PM	PM				
Over Und: _____			AM	AM				
			PM	PM				
CG confirmed hours text/email attached <input type="checkbox"/>	Timesheet				Notes .....			
	Total Hours: _____				.....			
Ready to Bill - <input type="checkbox"/>								

Send **TIMESHEETS** to: [timesheets@calrespitecare.com](mailto:timesheets@calrespitecare.com)

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

**Late Submitted Timesheets:** Timesheets that are deemed late per the timekeeping policy will be processed in accordance to the timekeeping policy. Late timesheets will be processed as a paper check and made available to pick up at the Corporate Office.

**Paid Sick Leave:** It is the responsibility of the employee to include the applicable date(s) to use accrued sick time. Paid sick leave time must meet the policy criteria.

**Timesheet Violations:** Violations of the timekeeping policy includes but are not limited to missing signatures, missing dates, incorrect dates, unapproved over time and exceeding the authorized hours to work. See timekeeping policy for extensive violations.

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By signing this document I certify that all my hours and signatures are true and correct. **Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_