



**Channel Islands
Social Services**
Respite Care

2020 Respite Caregiver Timecard
4000 Calle Tecate, Suite 200, Camarillo, CA 93012
Phone: (805) 384-0983 Sick Time Reporting: Ext. 2
Payroll Fax: (805) 299-0699
E-mail: Payroll@IslandSocialServices.org

Page _____ of _____

- Respite (RC)
 Enhanced (ER)
 Foster/Kinship

TRAVEL TIME MUST BE RECORDED ON TRAVEL RECORD FORM ONLY AND SUBMITTED WITH TIMECARD

Respite Caregiver Name: _____
(PRINT)
Employee File Number: _____
Phone Number: _____
NEW Address or E-mail: _____

Respite Care Provided to: _____
Print Individual's First & Last Name
FOR CONFIDENTIALITY, LIST ONE FAMILY PER TIMECARD

WEEK 1 - Start Date: _____ **End Date:** _____ (USE ONLY WEEK 1 DATES PER PAY SCHEDULE ON REVERSE SIDE)

| Day of the Week | Date Month/Day | Start Time (Circle AM or PM) | End Time (Circle AM or PM) | Total Hours | Roundtrip Miles | Activity Miles * | Description of Activity Travel *(10 miles per day maximum) or Comments | Parent's Signature (Sign only lines worked-no initials) |
|----------------------|----------------|------------------------------|----------------------------|-------------|-----------------|------------------|--|---|
| Sunday | | AM PM | AM PM | | | | | |
| Monday | | AM PM | AM PM | | | | | |
| Tuesday | | AM PM | AM PM | | | | | |
| Wednesday | | AM PM | AM PM | | | | | |
| Thursday | | AM PM | AM PM | | | | | |
| Friday | | AM PM | AM PM | | | | | |
| Saturday | | AM PM | AM PM | | | | | |
| Week 1 Totals | | | | | | | <i>Working more than 40 hours per week (all families combined) must be pre-approved by the office.</i> | |

WEEK 2 - Start Date: _____ **End Date:** _____ (USE ONLY WEEK 2 DATES PER PAY SCHEDULE ON REVERSE SIDE)

| Day of the Week | Date Month/Day | Start Time (Circle AM or PM) | End Time (Circle AM or PM) | Total Hours | Roundtrip Miles | Activity Miles * | Description of Activity Travel *(10 miles per day maximum) or Comments | Parent's Signature (Sign only lines worked-no initials) |
|----------------------|----------------|------------------------------|----------------------------|-------------|-----------------|------------------|--|---|
| Sunday | | AM PM | AM PM | | | | | |
| Monday | | AM PM | AM PM | | | | | |
| Tuesday | | AM PM | AM PM | | | | | |
| Wednesday | | AM PM | AM PM | | | | | |
| Thursday | | AM PM | AM PM | | | | | |
| Friday | | AM PM | AM PM | | | | | |
| Saturday | | AM PM | AM PM | | | | | |
| Week 2 Totals | | | | | | | <i>Working more than 40 hours per week (all families combined) must be pre-approved by the office.</i> | |

My signature on this timecard certifies that I have worked all of the stated dates and hours listed above.

Respite Caregiver Signature: X

NOTES:

For CISS Accounting Use Only:

| Miles | Individual's Name | | Mo/Yr | Excel | Hours #1 | Hours #2 | Miles | Hrs Logged | M/Y Ebill |
|-------------|-------------------|----|-------|-------|----------|----------|-------|------------|-----------|
| Hourly Rate | Hours | OT | | | | | | | |
| Base Rate | | | | | | | | | |
| 1 : 2 Sibs | | | | | | | | | |
| 1 : 3 Sibs | | | | | | | | | |
| Travel Time | | | | | | | | | |
| Sick Pay | | | | | | | | | |

Do NOT pay mileage until _____ Auto Insurance is updated _____ Driver's License is updated

Note Sent: _____

Comments: _____

| | | | |
|-----------------------|--|--|--|
| Totals | | | |
| Regular Hours | | | |
| Overtime Hours | | | |

PAY PERIOD # _____