



Travel Time Record

Must be submitted with corresponding timecards

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

Respite Caregiver Name: _____

Employee File Number: _____

NOTE: On a regular timecard, enter mileage from Family #1 home to Family #2 home + mileage back to your home (column "D" below) in the mileage total only for Family #2.

Date (mm/dd/yy)	A		B		C		D
	Miles from HOME to Family #1	From: Family Name #1 Street Address, City	Miles from Family #1 to Family #2	Travel Time "minutes"	To: Family Name #2 Street Address, City	Miles from Family #2 to HOME	ADD MILES Family #2 + HOME
5/13/16	2	Jane Doe 123 Park Ave., Ventura	10	20 min	John Smith 123 Ocean St., Oxnard	8	18
Note: Took longer because there was traffic due to an accident.							
Note:							
Note:							
Note:							
Note:							
Note:							
Note:							
Note:							

Total
Minutes

Only employees on the Authorized Drivers list are eligible for travel time and mileage reimbursement.
Travel time is compensated at minimum wage and is based on the time it takes to drive directly between the two families' homes. This form must be submitted with your corresponding bi-weekly timecard to be paid. My signature below acknowledges that the travel time reported above is the actual time it took for me to travel the most direct route between family homes on that day.

Respite Caregiver Signature: **X** _____

Pay Period # _____