California RespiteCare

Month/Year: _____

Employee ID: _____ **Employee Name** (First & Last): _____

UCI #: _____ **Client Name:** _____

Client Address: _____ **City/County:** _____

Please Circle Authorization Type: Parent Choice Agency Respite Behavior Respite/SIT Sibling SUB

Please Circle Regional Center: IRC SGPRC FDLRC SCLARC ELARC OCRC KERN WESTSIDE

Date	Time In	Time Out	Hours	Employee Signature	Parent/Guardian: Print/Sign
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			
	AM PM	AM PM			

TOTAL HOURS: _____

SEND YOUR TIME SHEET TO: timesheets@calrespitecare.com

Notes: .....

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Please do not exceed 8 hours a day, 40 hours a week, or 6 days in a row.
For any questions or concerns please contact payroll at **timesheets@calrespitecare.com**
Time Sheet Due Dates. Time sheets submitted on the 15th — payment is on the 25th. Time sheets submitted on the 30th/31st — payment is on the10th. Any time sheets received late may be processed as a paper check to be picked up at our office. **Common Violations (but not limited to):** missing signatures, missing dates, incorrect dates, miscalculations, incomplete time sheets, overages, white out, illegible, overlapping hours etc.