**WEEKLY TIMESHEET (2:1)**

**ALL-WAYS CARE SERVICES, INC**

**SUPPORT STAFF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAY PERIOD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***(Month/Date/Yr) (Month/Date/Yr)***

**CLIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEEK OF PAY PERIOD: ONE or TWO (Circle One)**

 **CODE: H2015(CLS) CODE: H2015 TT (CLS) CODE: T1005 (RESPITE) CODE: T1005 TT (RESPITE)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DAY** | **DATE** | IN | **OUT** | **TOTAL** | **IN** | **OUT** | **TOTAL** | **IN** | **OUT** | **TOTAL** | **IN** | **OUT** | **TOTAL** |
| **SUNDAY** |   |  |  |  |  |  |  |  |  |  |  |  |  |
| **MONDAY** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TUESDAY** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **WEDNESDAY** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **THURSDAY** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **FRIDAY** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SATURDAY** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Include AM and PM for all entries** in the “IN” and “OUT” columns. Make sure all hours are for the **same month**. If a new month starts during the same work week start a new time sheet, even if it is for only one day. Time Sheets must be signed by the parent/guardian.

Timesheets and Daily Service Logs are due **EVERY** Monday by 10am. No scratches, scribbles, or white out will be accepted. Black or blue ink only. **MAKE SURE TO INCLUDE ALL NECESSARY ACCOMPANYING PAPERWORK (data sheets, respite notes or service notes) along with your time timesheets.**

**If you have worked 2 shifts in one day, separate ONE box into two shifts.**

I recognize the rights of **ALL-WAYS CARE SERVCES, INC**., as the contracted service provider and by signing this timesheet I certify that the hours above are correct & that I have self-screened for all items on the staff screening checklist & notified my supervisor if I have any symptoms.

**SUPPORT STAFF:**   **DATE: PARENT/GUARDIAN**: **DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(***Legal signature w/credentials) (Legal signature)*