

WEEKLY TIMESHEET (1:1)
ALL-WAYS CARE SERVICES, INC

SUPPORT STAFF: _____ PAY PERIOD _____

CLIENT NAME: _____ WEEK OF PAY PERIOD: ONE or TWO

CODE: H2015 (CLS)

CODE: T1005 (RESPITE)

DAY	DATE Month/day/year	IN am/pm	OUT am/pm	TOTAL	IN am/pm	OUT am/pm	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 SERVICES, INC.**, as the contracted service provider and by signing this timesheet I certify that the hours above are correct.

SUPPORT STAFF: _____ DATE: _____ PARENT/GUARDIAN: _____ DATE _____
(Legal signature w/credentials) *(Legal signature)*