TIME SHEET

Name of Employee: _____

Name of Employer: _____

Pay Period: Beginning: _____ Ending: _____

Date Month/Day/Year	Time Worked (Ex: 7:30 am – 10:30 am)	Hours Worked	PC	HK	M	Med	CA	MM	ONS	PO	E	MS	Comment

Total Hours

Signature of Employee: _____ Date: _____

Signature of Employer: _____ Date: _____

Regional Center Approval: _____ Date: _____

PC = Personal Care
HK = Housekeeping
M = Meals
MED = Medication
CA = Community Access
MM = Money Management
ONS = Over Night Support
PO = Protective Oversight
ET = Exercise
MS = Medical Support