

Deliver no later than 3/1/2023 @ 12:00 PM BY:

E-Mail: timesheets@caringfamilysupports.org OR TEXT (213)304-2699 OR FAX (213)896-7033

EMPLOYEE NAME: _____ CLIENT NAME: _____

RESPITE CARE:				
	TIME IN	TIME OUT	TOTAL	OFFICE USE
WED,2/1				
THU,2/2				
FRI,2/3				
SAT,2/4				
SUN,2/5				
MON,2/6				
TUE,2/7				
WED,2/8				
THU,2/9				
FRI,2/10				
SAT,2/11				
SUN,2/12				
MON,2/13				
TUE,2/14				
WED,2/15				
THU,2/16				
FRI,2/17				
SAT,2/18				
SUN,2/19				
MON,2/20				
TUE,2/21				
WED,2/22				
THU,2/23				
FRI,2/24				
SAT,2/25				
SUN,2/26				
MON,2/27				
TUE,2/28				
TOTAL				

DAY CARE/P.A:						
DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL	OFFICE USE
WED,2/1						
THU,2/2						
FRI,2/3						
SAT,2/4						
SUN,2/5						
MON,2/6						
TUE,2/7						
WED,2/8						
THU,2/9						
FRI,2/10						
SAT,2/11						
SUN,2/12						
MON,2/13						
TUE,2/14						
WED,2/15						
THU,2/16						
FRI,2/17						
SAT,2/18						
SUN,2/19						
MON,2/20						
TUE,2/21						
WED,2/22						
THU,2/23						
FRI,2/24						
SAT,2/25						
SUN,2/26						
MON,2/27						
TUE,2/28						
TOTAL						

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All time sheets need to be in the office by the 1st of every month NOON PST. Late time sheets will be paid next month.

I declare, under perjury, that the above listed hours were worked by me for the client name. I complied with all the rules and regulations of the agency and sustained no injury this work period. I took all appropriate meal breaks and rest period.

Employee Signature: _____ Date: _____

I confirmed that the above total hours are accurate and the Caring Family Supports, INC. care provider performed their duties as outlined to my satisfaction.

Parent Signature: _____ Date: _____