Caring Family Supports,INC. Monthly Timecard FEBRUARY 2023 \*for questions call office @ (818)564-4108 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							
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SUN,2/26		<del> </del>					
MON,2/27		1					
TUE,2/28		1					
		1					
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		1					
TOTAL							

DAY CA	RE/I	P.A:					-	ntn.
DATE	TIME	TIME	TIME IN	TIME	TOTAL	OFFICE USE		of every month NOON PSI. Late time sheets will be paid next month.
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THU,2/2							.70	<u>p</u> a
FRI,2/3							or TEXT to (213)304-2699 or Fax to (213)896-7033	be
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TUE,2/28							, en	All time sheets need to
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TOTAL								

I declare, under perjury, that the above listed hours were worked and sustained no injury this work period. I took all appropriate meal	by me for the client name. I compiled with all the rules and regulations of the a breaks and rest period.	agency
Employee Signature:	Date:	
I confirmed that the above total hours are accurate and the Carin satisfaction.	g Family Supports, INC. care provider performed their duties as outlined to my	
Parent Signature:	Date:	