

The Respite Connection, Inc.

Employee Timecard

Code Service Description

Employee's Full Name: _____

IR Individual Respite (1 staff & 1 consumer) (1: 1)

Month: _____ Year: _____

GR Group Respite (1 staff & 2 or more consumers)

Each Consumer and Each Service Type should be on a separate line.

S SCL or Supported Community Living (1: 1)

FCS FCS or Family and Community Support Services (1:1)

T Training (Orientation, Mandatory Reporter, etc)

**** Hours may be verified with parents after notes are submitted**

**** Each item on timecard should be accompanied by a Respite, SCL, or Training Note!!**

Day of Week (optional)																			
Consumer's Name/Training Name	Code	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours	

Employee Signature _____

Date Signed: _____

Overtime must be pre-approved!! Overtime is defined working more than 40 hours from Sunday 12am - Saturday 11:59pm

The Respite Connection, Inc.
 2670 106th St Suite 220
 Urbandale, IA 50322
 (515) 277-1050 or toll-free 1 (866) 377-1050

More timecards are available on our website at: www.RespiteConnection.com

Do not exceed the maximum number of hours approved for each consumer.

N_____