

Employee's Full Name: _____

- IR Individual Respite (1 staff & 1 consumer) (1: 1)
- GR Group Respite (1 staff & 2 or more consumers)
- S SCL or Supported Community Living (1: 1)
- FCS FCS or Family and Community Support Services (1:1)
- T Training (Orientation, Mandatory Reporter, etc)

Month: _____ **Year:** _____

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

**** 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 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 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. Do not exceed the maximum number of hours approved for each consumer.

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

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