

Employee's Full Name: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Must be received by the 19th to be paid on the next payroll

Each Consumer and each Service Code\* should be on a separate line.

**Code\* Service Description**

IR	Individual Respite (1 staff & 1 consumer)
GR	Group Respite (1 staff & 2 or more consumers)
S	SCL or Supported Community Living (1:1)
F	Family & Community Support Services CMH (1:1 )
M	Medical Day Care for Children (0-18yrs)
A	Adult Day Care (18+)
T	Training (Orientation, Annual Reviews, Online trainings, etc)

**\*\* Each item on timecard should be accompanied by a service note or Training Note!!**

Day of Week																		
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.

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

More timecards available online:  
[www.RespiteConnection.com](http://www.RespiteConnection.com)

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