

Employee's Full Name: _____

Month: _____ Year: _____

Must be received by the 4th 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																				Total Hours	
Consumer's Name/ Training Name	Code*	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				

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

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