

EMPLOYEE TIME SHEET

CHANGING TIDES FAMILY SERVICES
2379 Myrtle Ave. Eureka, CA 95501
(707) 444-8293

Your Name:	
LAST	FIRST
Your City:	

Client's Name:	
LAST	FIRST
Client's City:	

PAY PERIOD: 1-15th: 16-31st:
 MONTH: _____ YEAR: _____

Check here if address change: HOLD: RESPITE: PROGRAM SUPPORT / RESPITE+:

							AGENCY USE ONLY:	
DATE	TIMES WORKED	TOTAL	Miles To	Miles From	See #4	PARENT SIGNATURE (see #2)	Total Miles	Total Hours
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TOTALS FOR PAY PERIOD: (AGENCY USE)								

- INSTRUCTIONS:
1. Please print. These forms are due in our office (or postmarked) on or before the 3rd and 18th of each month by 5pm. (Refer to Important Date Memo).
 2. Parent/Guardian must sign Timesheet EACH TIME respite care is provided with FULL Signature. Parent must sign for each date on the designated line.
 3. Current Proof of Insurance must be on file at Changing Tides Family Services to process your mileage reimbursement.
 4. Please check this column if you drove from this client directly to another client, and record mileage accordingly.

I have reviewed the time record above & it is an accurate record of actual time worked.
The mileage recorded is an accurate record of miles driven.

I have reviewed the time record above & authorize all hours indicated per agency Respite Policies.

Employee Signature	DATE <small>▼ Admin Use Only ▼</small>	Supervisor Signature	DATE
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Entered: _____

