EMPLOYEE TIMESHEET

Your Name:	CHANGING TIDES FAMILY SERVICES 2379 Myrtle Ave. Eureka, CA 95501 (707) 444-8293	Client's Name:
LAST *FIRST*		*LAST* *FIRST*
Your City:	PAY PERIOD: 1-15th: ☐ 16-31st: ☐ **MONTH:** **YEAR:**	Client's City:

Check here if address change: ☐ **HOLD:** ☐ **Skills Acquisition:** ☐ **AGENCY USE ONLY:**

DATE	TIMES WORKED	TOTAL	Waived Lunch (Initial if over 5.5 hours)	Miles To	Miles From	See #5	Miles w/ Client*	EXPLANATION FOR CLIENT MILES (see #6)	PARENT SIGNATURE (see #3)	Total Miles	Total Hours
	In: ☐AM ☐PM Out: ☐AM ☐PM										
	In: ☐AM ☐PM Out: ☐AM ☐PM										
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								TOTALS FOR PAY PERIOD: (AGENCY USE)			

INSTRUCTIONS:

1. *Please print. These forms are due in our office on or before the 3rd and 18th of each month by 5pm. (Refer to Important Date Memo).*
2. ***INITIAL THE LUNCH WAIVER COLUMN** if you are waiving your lunch break (meal period) and have an "Agreement for On-Duty Meal Period" form on file **(shifts over 5.5 hours).***
3. *Parent/Guardian must sign Timesheet EACH TIME respite care is provided with FULL Signature. Parent must sign for each date on the designated line.*
4. *Current Proof of Insurance must be on file at Changing Tides Family Services to process your mileage reimbursement.*
5. *Please check this column if you drove from this client directly to another client, and record mileage accordingly.*
6. ** Transportation consent form MUST be on file PRIOR to transporting client and all community mileage must be pre-approved. Provide SPECIFIC explanation for miles with client.*

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 and mileage record above & authorize all hours indicated per agency intermittent Policies.

Employee Signature **DATE**

Supervisor Signature **DATE**

Admin Use Only

Revised 8.20.13

Entered: _____