



SNS Intermittent Employee:
PAID SICK LEAVE TIME SHEET

2259 Myrtle Avenue
 Eureka, CA 95501
 (707) 444-8293

HOLD CHECK () MAIL CHECK () DIRECT DEPOSIT ()

In-Home Respite____ Respite Plus____ Skills Acquisition____
 Sibling Rate (1:2)____ Sibling Rate (1:3)____

NAME: _____

MONTH: _____ 2024 PAY PERIOD: 1-15th / 16th – EOM

Pay periods are the 1 – 15th and 16th – 31st of each month.
 Time sheets are due on the 3rd and 18th of every month.

Client: _____

**For Office
 Use only—
 SICK LEAVE
 HOURS:**

DATE:	SCHEDULED SHIFT:		PARENT SIGNATURE:	
	In:	Out:		
	In:	Out:		
	In:	Out:		
	In:	Out:		
	In:	Out:		
	In:	Out:		
			TOTAL:	

EMPLOYEE SIGNATURE _____ Date: _____
 I have reviewed the time record above and it is an accurate record of originally scheduled shift missed per sick leave policies.

SUPERVISOR SIGNATURE: _____ Date: _____
 I have reviewed the time record above & authorize all hours indicated per agency Respite Policies.