

OPTIONS

*Please print all information

Employee Name

Date

Address

Person Supported

Date		Time In	Time Out	Total Hours	Rate	Description
	Sat					
	Sun					
	Mon					
	Tues					
	Wed					
	Thurs					
	Fri					
Total for Week One						

Date		Time In	Time Out	Total Hours	Rate	Description
	Sat					
	Sun					
	Mon					
	Tues					
	Wed					
	Thurs					
	Fri					
Total for Week Two						

Other Expenses	Description - Attach all receipts
Total	

Signature

Approved By