

TIME RECORD for RESPITE CARE PROVIDER

(Employer of Record)

Bay Respite Care

3272 Sonoma Blvd., Suite #4

Tel (707) 644-4491 Fax: (707) 644-1318

CLIENT NAME <i>Nombre del Cliente:</i> (Please print <i>En molde</i>)	RESPITE SITE ADDRESS/CITY <i>Dirección/cuidad del Cliente:</i>	PAY PERIOD <i>Periodo de pago:</i>			
		From <i>De</i>		To <i>A</i>	
EMPLOYEE NAME <i>Nombre del trabajador:</i> (Please print <i>En molde</i>)	EMPLOYEE SIGNATURE <i>Firma del Trabajador::</i>	Social Security # - Last 4 #'s <i>Seguro Social – Ultimo 4 #'s</i>		Telephone <i>Telefono</i>	

SERVICE DATE <i>Fecha de Servicio</i> (month / day / year) <i>mes / día / año</i>	START TIME <i>Hora de Empezar</i>	END TIME <i>Hora de Terminar</i>	TOTAL HOURS <i>Total de horas</i>	Parent/Guardian Signature <i>Firma del padre/Tutor</i> or Client Representative Signature* <i>Firma del Representante del Cliente*</i>
	am / pm	am / pm		1.
	am / pm	am / pm		2.
	am / pm	am / pm		3.
	am / pm	am / pm		4.
	am / pm	am / pm		5.
	am / pm	am / pm		6.
	am / pm	am / pm		7.
	am / pm	am / pm		8.
	am / pm	am / pm		9.
	am / pm	am / pm		10.
	am / pm	am / pm		11.
	am / pm	am / pm		12.
	am / pm	am / pm		13.
	am / pm	am / pm		14.
	am / pm	am / pm		15.
		Total Hours <i>Total de Horas</i>		

OFFICE USE ONLY ----- Solamente para el uso de la oficina:

	Total Hours	1 Client	Hours	2 Sib Rate	Hrs	Other	Hrs
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Timesheets are paid if received in our office by the 5th and 20th day of each month. Pay dates are the 15th & last day of each month.

***My signature certifies that: the employee above was employed by Bay Respite Care, the hours shown above are correct, the employee performed satisfactorily & met the terms & conditions set forth in the Family Handbook.**