WEEKLY TIMESHEET (2:1)
ALL-WAYS CARE SERVICES, INC

SUPPORT STAFF: _____

PAY PERIOD _____ **TO** _____
(Month/Date/Yr)   *(Month/Date/Yr)*

CLIENT NAME: _____

WEEK OF PAY PERIOD: ONE or TWO (Circle One)

DAY	DATE	CODE: **H2015** (CLS)			CODE: **H2015 TT** (CLS)			CODE: **T1005** (RESPITE)			CODE: **T1005 TT** (RESPITE)		
		IN	OUT	TOTAL	IN	OUT	TOTAL	IN	OUT	TOTAL	IN	OUT	TOTAL
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
TOTALS													

Include AM and PM for all entries in the "IN" and "OUT" columns. Make sure all hours are for the **same month**. If a new month starts during the same work week start a new time sheet, even if it is for only one day. Time Sheets must be signed by the parent/guardian.

Timesheets and Daily Service Logs are due **EVERY** Monday by 10am. No scratches, scribbles, or white out will be accepted. Black or blue ink only. **MAKE SURE TO INCLUDE ALL NECESSARY ACCOMPANYING PAPERWORK (data sheets, respite notes or service notes) along with your time timesheets.**

If you have worked 2 shifts in one day, separate ONE box into two shifts.

I recognize the rights of **ALL-WAYS CARE SERVCES, INC.**, as the contracted service provider and by signing this timesheet I certify that the hours above are correct.

SUPPORT STAFF:_____**DATE:**_____ **PARENT/GUARDIAN:**_____**DATE**_____
    (*Legal signature w/credentials)*   *(Legal signature)*