EMPLOYEE   TIMESHEET

CHANGING TIDES FAMILY SERVICES

2379 Myrtle Ave. Eureka, CA 95501

(707) 444-8293

Your Name:		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)	See #4	Miles To	Miles From	See #6	Miles w/ Client*	EXPLANATION FOR CLIENT MILES (see #7)	PARENT SIGNATURE (see #3)	Total Miles	Total Hours
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											
	In: ☐ AM ☐ PM	Out: ☐ AM ☐ PM											

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. *Please check this column if you worked more than one shift on this date.*

5. *Current Proof of Insurance must be on file at Changing Tides Family Services to process your mileage reimbursement.*

6. *Please check this column if you drove from this client directly to another client, and record mileage accordingly.*

7. ** 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 ▼

Entered: _____

Revised 11.19.14