** Full Circle Support**

In Home Respite Care

785 Tucker Rd. Ste. G610 Tehachapi Ca. 93561 **|** Office (661) 821-2400 **|** Fax (661) 861-6018 **|** Email: fcs\_respite@yahoo.com

**Providers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_ \* Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\*MANDATORY***

Time sheets are due in the office ***by 5:00pm on the 8th and the 23rd of the month***.

Please **E-Mail**, **Fax**, or **Mail** early. Paydays are on the 15th and the last day of the month.

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| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **CLIENTS NAME** | **TIME IN** | **TIME OUT** | **TOTAL HRS** | **OFFICE ONLY** | **PARENT SIGNATURE** |
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**------------------------------OFFICE USE ONLY-------------------------------**

**\_\_\_\_\_ HRS @ $\_\_\_\_\_ = $\_\_\_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_ HRS @ $\_\_\_\_\_ = $\_\_\_\_\_\_\_ GROSS PAY: \_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_ HRS @ $\_\_\_\_\_ = $\_\_\_\_\_\_\_ INITIAL VERIFICATION: \_\_\_\_\_\_\_\_\_\_**