



Name: _____

Pay Period: _____

Site and Number

Site and Number

Site and Number

Site and Number

Date	In	Out	CLS Reg.	CLS OT	Respite Reg Hours	Respite OT Hours	Train Reg Hours	Train OT Hours	Hol. Reg Hours	Hol. OT Hours	Pers. Time	Vac. Time	Total	
FRI														
SAT														
SUN														
MON														
TUES														
WED														
THURS														Hrs. Wk 1
FRI														
SAT														
SUN														
MON														
TUES														
WEDS														
THURS														Hrs. Wk 2
TOTAL														

TOTAL HOURS WORKED THIS PAY PERIOD: _____

I certify that the above listed hours are true and accurate to the best of my knowledge. I understand that any falsification of this documentation may result in the termination of my employment with Life Center, INC.

Employee Signature _____ Date _____

Supervisor signature _____ Date _____

Signature of person receiving supports/guardian _____ Date _____