

Month:

Year:

	HCS Time In/Time Out	HCS Total	PCS Time In/Time Out	PCS Total	Respite Time In/Time Out	Respite Total	Time In/Time Out	Total
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
	HCS Total:		PCS Total:		Respite Total:		Total:	

Consumer/Guardian Signature

Employee Name (Print)

Consumer Name

Employee Signature