

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
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
	HCS Total:		PCS Total:		Respite Total:		_____	Total:

 Consumer/Guardian Signature

 Employee Name (Print)

 Consumer Name

 Employee Signature