

\Box FL \Box	NC	\square ES	\square SS	\square WS	☐ PRIVA	TE UVA			
\square HL	\Box H	ILPC	\square PL	□ PLPC	☐ SIB2	☐ SIB3			
(OFFICE USE ONLY)									

SEMI MONTHLY TIMESHEET / HOJA DE TIEMPO

Due every 15th and 30th/31st of each month

PLEASE SUBMIT TIMESHEETS FAX (818) 882- 8001

EMAIL: tthpayroll@gmail.com

Semi Monthly Pay Check Dates: 9th and 23rd

CAREGIVER NAME/	NOM	IBRE I	DEL E	MPLE	ADO	:							
CLIENT NAME/NON	/IBRE	DEL C	LIEN	TE:						UCI#(OFFICE USE ONLY)			
Date MM/DD/YY	Start Time					Finish Time			Total Hours	Clients Daily Signatures/ Firma Del Cliente Diariamente			
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Weekly Log								7					
(Check all that apply)	M	TU	W	TH	F	SA	SU	Note: This 1	imesheet is a Legal Docun	nent.			
Bathing								All hours billed MUST be for services already worked. Payments are Federal and State Funds and any claim for services not provided is considered FRAUD and punishable to the full extent of the law.					
Grooming Assistance													
Light Housekeeping													
Dressing								By signing this timesheet I certify that I have taken all required rest and meal periods and that I have notified the Agency of any work related injuries.					
Hygiene													
Incontinence Care			++					Timesheets must have two signatures, the clients and the caregiver's!					
Meal Preparation													
Light Laundry									. 6.				
Mobility Assistance								Caregive	r Signature:				
Errands								I certify that the hours shown above represent my total hours worked and that they were					
Safety Supervision								properly verified by the client. I understand that unsigned timesheets will be returned without a paycheck.					
Respite Care Services								- William a payerica.					
1 to 1 Aid Support													
							/г	or office use	only)				
SOC:		_ Veri	ified l	оу:				or office use	: Offig)				
							_		Retro Hours:	Total Hours:			
									Sick Pay:	OT Hours:			