



Name
Pay Periods

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	Train OT	Hol Reg	Hol OT	Pers	Vac	TOTAL
Friday													
Saturday													
Sunday													
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Saturday													
Sunday													
Monday													
Tuesday													
Wednesday													
Thursday													
<b>TOTAL</b>			R	OT	Respite Reg	Respite OT	T	TO	H Reg	HO	P	V	

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 Services/Guardian Date

\_\_\_\_\_  
Signature of Person Receiving Services/Guardian Date