

Human Resource Center, Inc.
 Habilitation **Companion**
 November 2017

Primary Caretaker: _____

Address: _____

Telephone #: _____

Individuals Name: _____ Rate: \$8.54

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
		1	2	3	4	5	Total Wk. Hrs.
		Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	_____
6	7	8	9	10	11	12	Total Wk. Hrs.
Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	_____
13	14	15	16	17	18	19	Total Wk. Hrs.
Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	_____
20	21	22	23	24	25	26	Total Wk. Hrs.
Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	_____
27	28	29	30				Total Wk. Hrs.
Total Hrs. _____	Total Hrs. _____	Total Hrs. _____	Total Hrs. _____				_____

Total Cost : \$ _____
Total Hrs for the Month : _____

Employee Signature- _____ Date- _____

Approved by - _____ Date- _____

Relationship to Consumer - _____

** (Invoices must be **approved/verified** by the Consumer himself/herself, or Primary Caretaker **before** it is submitted for payment. Invoices that are not signed cannot be paid.)

Signed invoices must be received in our office by the Fifth (5th) of each month:

Payroll Specialist - **or fax to: (570) 872-9959**
 Human Resources Center, Inc.
 PO Box 77
 Effort, PA 18330