

Human Resource Center, Inc.

October 2017

Habilitation Temporary Respite Companion 24 hr Respite

Support Worker: _____

Address: _____

Telephone #: _____

Individuals Name: _____ Rate: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
						1 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	Total Wk. Hrs. _____
2 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	3 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	4 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	5 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	6 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	7 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	8 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	Total Wk. Hrs. _____
9 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	10 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	11 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	12 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	13 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	14 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	15 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	Total Wk. Hrs. _____
16 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	17 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	18 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	19 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	20 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	21 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	22 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	Total Wk. Hrs. _____
23 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	24 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	25 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	26 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	27 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	28 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	29 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	Total Wk. Hrs. _____
30 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs	31 _____(am/pm) _____(am/pm) _____(am/pm) _____(am/pm) Total hrs						Total Wk. Hrs. _____

.Total Cost : \$ _____

Total Hrs for the Month : _____

Authorize monthly hours on back of invoice

Human Resource Center, Inc.

October 2017

Habilitation Temporary Respite Companion 24 hr Respite

Support Worker: _____

Individuals Name: _____ Rate: _____

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