Human Resource Center, Inc.

July 2018

☐ **Habilitation** ☐ **Temporary Respite** ☐ **Companion** ☐ **24 hr Respite**

Support Worker: _____

Address: _____

Telephone #:_____

Individuals Name: _____ Rate: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
						1 Start time End Time Total Hrs. _____	Total Wk. Hrs.
2 Start time End Time Total Hrs. _____	**3** Start time End Time Total Hrs. _____	**4** Start time End Time Total Hrs. _____	**5** Start time End Time Total Hrs. _____	**6** Start time End Time Total Hrs. _____	**7** Start time End Time Total Hrs. _____	**8** Start time End Time Total Hrs. _____	Total Wk. Hrs.
9 Start time End Time Total Hrs. _____	**10** Start time End Time Total Hrs. _____	**11** Start time End Time Total Hrs. _____	**12** Start time End Time Total Hrs. _____	**13** Start time End Time Total Hrs. _____	**14** Start time End Time Total Hrs. _____	**15** Start time End Time Total Hrs. _____	Total Wk. Hrs.
16 Start time End Time Total Hrs. _____	**17** Start time End Time Total Hrs. _____	**18** Start time End Time Total Hrs. _____	**19** Start time End Time Total Hrs. _____	**20** Start time End Time Total Hrs. _____	**21** Start time End Time Total Hrs. _____	**22** Start time End Time Total Hrs. _____	Total Wk. Hrs.
23 Start time End Time Total Hrs. _____	**24** Start time End Time Total Hrs. _____	**25** Start time End Time Total Hrs. _____	**26** Start time End Time Total Hrs. _____	**27** Start time End Time Total Hrs. _____	**28** Start time End Time Total Hrs. _____	**29** Start time End Time Total Hrs. _____	Total Wk. Hrs.
30 Start time End Time Total Hrs. _____	**31** Start time End Time Total Hrs. _____						Total Wk. Hrs.

Total Cost : $_____

Total Hrs for the Month : _____

Employee Signature- _____ Date- _____

Approved by - _____ Date-_____

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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