

Human Resource Center, Inc.

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

.Total Cost : \$_____

Authorize monthly hours on back of invoice

Total Hrs for the Month : _____

Human Resource Center, Inc.

November 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