

Human Resource Center, Inc.
 Habilitation **Companion**
 January 2018

Primary Caretaker: _____

Address: _____

Telephone #: _____

Individuals Name: _____ Rate: \$8.54

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

231 Service Road

Effort, PA 18330