

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

Primary Caretaker: _____

Address: _____

Telephone #: _____

Individuals Name: _____ Rate: \$8.25

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