

**Human Resource Center, Inc.**

**April 2018**

Habilitation    Temporary Respite    Companion    24 hr Respite

Support Worker: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Individuals Name: \_\_\_\_\_ Rate: \_\_\_\_\_

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

**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.**

Human Resource Center, Inc.

April 2018

Habilitation    Temporary Respite    Companion    24 hr Respite

*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