

Human Resource Center, Inc.

September 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.	2 Start time End Time Total Hrs.	Total Wk. 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.	9 Start time End Time Total Hrs.	Total Wk. 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.	16 Start time End Time Total Hrs.	Total Wk. 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.	23 Start time End Time Total Hrs.	Total Wk. 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.	30 Start time End Time 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.

PO Box 77

Effort, PA 18330