

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

Primary Caretaker: \_\_\_\_\_

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

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

Individuals Name: \_\_\_\_\_ Rate: \$8.54

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

231 Service Road

Effort, PA 18330