

Human Resource Center, Inc.

June 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. _____	3 Start time _____ End Time _____ Total Hrs. _____	Total Wk. 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. _____	10 Start time _____ End Time _____ Total Hrs. _____	Total Wk. 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. _____	17 Start time _____ End Time _____ Total Hrs. _____	Total Wk. 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. _____	24 Start time _____ End Time _____ Total Hrs. _____	Total Wk. 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.

231 Service Road

Effort, PA 18330