

Human Resource Center, Inc.

January 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	2 Start time	3 Start time	4 Start time	5 Start time	6 Start time	7 Start time	Total Wk. Hrs.
End Time	End Time	End Time	End Time	End Time	End Time	End Time	
Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	
8 Start time	9 Start time	10 Start time	11 Start time	12 Start time	13 Start time	14 Start time	Total Wk. Hrs.
End Time	End Time	End Time	End Time	End Time	End Time	End Time	
Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	
15 Start time	16 Start time	17 Start time	18 Start time	19 Start time	20 Start time	21 Start time	Total Wk. Hrs.
End Time	End Time	End Time	End Time	End Time	End Time	End Time	
Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	
22 Start time	23 Start time	24 Start time	25 Start time	26 Start time	27 Start time	28 Start time	Total Wk. Hrs.
End Time	End Time	End Time	End Time	End Time	End Time	End Time	
Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	Total Hrs.	
29 Start time	30 Start time	31 Start time					Total Wk. Hrs.
End Time	End Time	End Time					
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