

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

Primary Caretaker: _____

Address: _____

Telephone #: _____

Individuals Name: _____ Rate: \$8.54

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