

**Month:**

**Year:**

	HCS Time In/Time Out	HCS Total	PCS Time In/Time Out	PCS Total	Respite Time In/Time Out	Respite Total	_____	_____
							Time In/Time Out	Total
<b>1</b>								
<b>2</b>								
<b>3</b>								
<b>4</b>								
<b>5</b>								
<b>6</b>								
<b>7</b>								
<b>8</b>								
<b>9</b>								
<b>10</b>								
<b>11</b>								
<b>12</b>								
<b>13</b>								
<b>14</b>								
<b>15</b>								
	<b>HCS Total:</b>		<b>PCS Total:</b>		<b>Respite Total:</b>		_____	<b>Total:</b>

\_\_\_\_\_  
 Consumer/Guardian Signature

\_\_\_\_\_  
 Employee Name (Print)

\_\_\_\_\_  
 Consumer Name

\_\_\_\_\_  
 Employee Signature