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**Understanding Disabilities  
 Creating Opportunities  
 In San Luis Obispo County**

**RESPITE STAFF TIMESHEET**

Family Services / Respite  
 SLO Office: 805.543.2039  
 Fax: 805.543.2045

CHILD'S NAME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ EMPL. #: \_\_\_\_\_ MONTH/YEAR \_\_\_\_\_

*Parents, you must initial next to each day that service has been rendered by a member of the UCP-SLO Respite Care Provider; otherwise your provider will not be paid. Thank you.*

DATE	START	END	HOURS	MILES	INITIAL	DATE	START	END	HOURS	MILES	INITIAL
1						16					
2						17					
3						18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					
VERIFIED						31					

<b>PLEASE ADD TOTAL HOURS AND MILES</b>	<b>TOTAL HOURS:</b>	<b>TOTAL MILES:</b>
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**Fill Out Time Card Completely - Add Total Hours/Miles Worked and All Contact Info**

<b>Employee Signature</b>		<b>Date:</b>		<b>Phone:</b>	
<b>eMail:</b>	<b>Address:</b>				
<b>Parent or Guardian Signature</b>					

**TIMESHEETS MUST BE RECEIVED BY THE 2<sup>ND</sup> OR 18<sup>TH</sup> OF EACH MONTH  
 FOR CHECKS ISSUED ON THE 8<sup>TH</sup> AND 24<sup>TH</sup>**

**TIMESHEETS RECEIVED AFTER THE 8<sup>TH</sup> OF THE FOLLOWING MONTH ARE SUBJECT TO POSTPONED PAYMENT.  
 UCP WILL NOT PAY RESPITE UNTIL THEY HAVE RECEIVED PAYMENT FROM TCRC FOR HOURS AND MILES.**

# Respite Mileage Log

**\*\*You are only compensated for mileage accrued traveling to and from the respite client location\*\***  
**YOU WILL NOT BE PAID FOR MILEAGE ACCRUED WITH A CLIENT ON BOARD**

Date	Starting Address	Ending Address	Starting Odometer	Ending Odometer	Total Miles

This page must be completed and turned in with your time sheet **EVERYTIME** you claim mileage. Thank You - UCP Respite Management