

Consumer UCI #: \_\_\_\_\_  
 Service Type: \_\_\_\_\_

 Employee Name: \_\_\_\_\_  
 Regional Center: \_\_\_\_\_  
 Period Start / End Dates: \_\_\_\_\_

All fields are required. Must be completed in non-erasable pen.

Week 1	Day	Date	Location	Start Time	End Time	Total Hours	Parent Signature
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						

Week 2	Monday	Date	Location	Start Time	End Time	Total Hours	Parent Signature
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						

Week 3	Monday	Date	Location	Start Time	End Time	Total Hours	Parent Signature
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						

**Direct Total:** \_\_\_\_\_

In Office Direct Staff Supervision	Day	Date	Location	Start Time	End Time	Total Hours	Supervisor Signature

**Supervision Total:** \_\_\_\_\_

The information reported above is an actual representation of the service provided to the indicated consumer. My signature indicates that the information contained on this time sheet is true and accurate to the best of my knowledge.

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

**Date** \_\_\_\_\_

 \*Time sheets are due on the 1st and 16th of every month  
 \*\* All Overtime must be authorized in writing by your supervisor  
 \*\*\*Please hand deliver your time sheets to your assigned branch or  
 Fax at (818) 401-0218 or email at [payroll@calpsychcare.com](mailto:payroll@calpsychcare.com)

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