

Central Coast Kids & Families Respite Timesheet

Employee's Name _____ Pay Period Number _____

Month/Year _____ Due Date _____

DAY	DATE	Child's Initials _____				Child's Initials _____				Child's Initials _____			
		Time In	Time Out	Hours	Parent/ Guardia	Time In	Time Out	Hours	Parent/ Guardia	Time In	Time Out	Hours	Parent/ Guardia
	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												
	11												
	12												
	13												
	14												
	15												
	16												
	17												
	18												
	19												
	20												
	21												
	22												
	23												
	24												
	25												
	26												
	27												
	28												
	29												
	30												
	31												
Total Hours													

Signature _____

Date _____

Supervisor signature _____

Date _____

Please fill out timesheet correctly prior to submitting to the office. Fill in the initials of the child, hours per shift and total the number of hours at the end of the pay period. **Have the parent/guardian initial after each day worked.**

