

# Full Circle Support IN HOME RESPITE CARE

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785 Tucker Rd. Ste. G610\* Tehachapi CA 93561 \* Office (661) 821-2400 \* Fax (661) 861-6018 \*  
**Email: fcs\_respite@yahoo.com**

**Providers Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ \* **Provider Signature:** \_\_\_\_\_

Time sheets are due in the office ***by 5:00pm on the 8th and the 23<sup>d</sup> of the month.***  
 Please **E-Mail, Fax, or Mail** early. Paydays are on the 15<sup>th</sup> and the last day of the month.

**\* MANDATORY**

DATE	CLIENTS NAME	TIME IN	TIME OUT	TOTAL HRS	OFFICE ONLY	PARENT SIGNATURE

**-----OFFICE USE ONLY-----**

\_\_\_\_\_ HRS @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**TOTAL HOURS:** \_\_\_\_\_

\_\_\_\_\_ HRS @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**GROSS PAY:** \_\_\_\_\_

\_\_\_\_\_ HRS @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**INITIAL VERIFICATION:** \_\_\_\_\_