Catholic Charities Disabilities Services

OFFICIAL TIME CARD For Payroll Ending _____/_____/_____

Employee: ________________________________ **Consumer: ______________________________**

Date Wk. 1	**Reshab Time In**	**Reshab Time Out**	**Reshab Total Hrs.**	**Respite Time In**	**Respite Time Out**	**Respite Total Hrs.**	***✶Please Circle✶*** **BSO or TT**	**Consumer / Guardian / Advocate Signature**
Fri.							**BSO - TT**	
Sat.							**BSO - TT**	
Sun.							**BSO - TT**	
Mon.							**BSO - TT**	
Tue.							**BSO - TT**	
Wed.							**BSO - TT**	
Thurs.							**BSO - TT**	

TOTAL HOURS: _______ + ________ + _______ = ___________

Total ResHab Hrs. Total Respite Hrs Benefit Hrs Total for Wk. 1

Date Wk. 2	**Reshab Time In**	**Reshab Time Out**	**Reshab Total Hrs.**	**Respite Time In**	**Respite Time Out**	**Respite Total Hrs.**	***✶Please Circle✶*** **BSO or TT**	**Consumer / Guardian / Advocate Signature**
Fri.							**BSO - TT**	
Sat.							**BSO - TT**	
Sun.							**BSO - TT**	
Mon.							**BSO - TT**	
Tue.							**BSO - TT**	
Wed.							**BSO - TT**	
Thurs.							***BSO - TT***	

TOTAL HOURS: ________ + ________ + _______ = ___________

Total ResHab Hrs. Total Respite Hrs Benefit Hrs Total for Wk. 2

PAY PERIOD TOTAL (WK. 1 + WK. 2) = __________ + TT __________ = Total Hrs. ______________

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I hereby accept and understand that this is the official record of my hours worked and accrued time used and that my pay will be calculated on the time I am reporting as approved by the supervisory staff in accordance with the agency Personal Policies and Practices Manual.

✶✶✶ BSO = Benefit Status Only / TT = Travel Time ✶✶✶

Employee Signature: ____ Date: ________________________________

Supervisor Signature: ____ Date: ________________________________