

# H.O.P.E. Group Multiple Respite Time Sheet

- ❖ **DO NOT USE** White Out, Pencil or Staples, **USE Blue or Black Ink ONLY**
- ❖ **Time Sheet will not** be processed without both signatures at the bottom
- ❖ **Guardian/Parent must initial mistakes or mark-outs**
- ❖ **Time entries must be rounded off to the nearest quarter hour**
- ❖ **Timesheets are generally due on the 4<sup>th</sup> before 4:30p.m.** – due dates may vary, please see Pay Date Schedule

Client \_\_\_\_\_ Month / Year of Service \_\_\_\_\_

Client \_\_\_\_\_

Client \_\_\_\_\_

Employee \_\_\_\_\_ Support Coordinator \_\_\_\_\_

Date	Time In	Time Out	# of Hours	Date	Time In	Time Out	#of Hours
	a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	
	a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	
	a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	
	a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	
	a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	
	a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	
	a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	
	a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	
	a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	
	a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	
Total Hours: _____							

**We certify that these time entries accurately reflect the Respite services provided and that Respite services DO NOT EXCEED 12 hours in a 24 hour period. We certify that Respite services were provided in the CLIENT'S HOME and that NO medications or transportation have been provided without prior approval from H.O.P.E. Group. Guardian/Parent acknowledges that she/he is responsible for any Respite service hours which exceed the number of Respite service hours allocated to them by DDD.**

Employee Signature \_\_\_\_\_ date \_\_\_\_\_

**Guardian/Parent**

Signature \_\_\_\_\_ date \_\_\_\_\_