



H.O.P.E. Group 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 4th before 4:30p.m. – due dates may vary, please see Pay Date Schedule

Client _____ Month/Year of Service _____

Employee _____ Support Coordinator _____

Day	Time In	Time Out	Total Hours	Day	Time In	Time Out	Total 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.	
	a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	
Total Monthly 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/ParentSignature _____ date _____

