



2017 Respite Caregiver Timecard
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Page _____ of _____

- Respite (RC)
- Enhanced (ER)
- Foster/Kinship

TRAVEL TIME MUST BE RECORDED ON TRAVEL RECORD FORM ONLY AND SUBMITTED WITH TIMECARD

Respite Caregiver Name: _____
Employee File Number: _____
Phone Number: _____
NEW Address or E-mail: _____

Respite Care Provided to: _____

Individual's First & Last Name
 FOR CONFIDENTIALITY, LIST ONE FAMILY PER TIMECARD

WEEK 1 - Start Date: _____ **End Date:** _____ (USE ONLY WEEK 1 DATES PER PAY SCHEDULE ON REVERSE SIDE)

Day of the Week	Date (Month/Day)	Start Time (AM/PM)	End Time (AM/PM)	Total Hours	Roundtrip Miles	Activity Miles *	Description of Activity Travel *(10 miles per day maximum)	Parent's Signature (Sign only lines worked-no initials)
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Week 1 Totals:							<i>Working more than 40 hours per week (all families combined) must be pre-approved by the office.</i>	

WEEK 2 - Start Date: _____ **End Date:** _____ (USE ONLY WEEK 2 DATES PER PAY SCHEDULE ON REVERSE SIDE)

Day of the Week	Date (Month/Day)	Start Time (AM/PM)	End Time (AM/PM)	Total Hours	Roundtrip Miles	Activity Miles *	Description of Activity Travel *(10 miles per day maximum)	Parent's Signature (Sign only lines worked-no initials)
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Week 2 Totals:							<i>Working more than 40 hours per week (all families combined) must be pre-approved by the office.</i>	

My signature on this timecard certifies that I have worked all of the stated dates and hours listed above.

Respite Caregiver Signature: X

NOTES:

For CISS Accounting Use Only:

Miles	Individual's Name		Mo/Yr	Excel	Hours #1	Hours #2	Miles	Hrs Logged	M/Y Ebill
Hourly Rate	# Hours	O/T							
Base Rate									
1 : 2 Sibs									
1 : 3 Sibs									
Travel Time									
Sick Pay									
Do NOT pay mileage until _____ Auto Insurance is upated _____ Driver's License is updated			Totals						
<input type="checkbox"/> Note Sent: _____			Regular Hours						
Comments: _____			Overtime Hours						

PAY PERIOD # _____