



**Channel Islands
Social Services**
Respite Care

2018 Respite Caregiver Timecard
4000 Calle Tecate, Suite 200, Camarillo, CA 93012
Phone: (805) 384-0983
Payroll Fax: (805) 299-0699
E-mail: Payroll@IslandSocialServices.org

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) or Comments	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) or Comments	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

Note Sent: _____

Comments: _____

Totals			
Regular Hours			
Overtime Hours			

PAY PERIOD # _____