



**2019 Respite Caregiver Timecard**  
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- Respite (RC)
- Enhanced (ER)
- Foster/Kinship

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

**Respite Caregiver Name:** \_\_\_\_\_ (PRINT)  
**Employee File Number:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**NEW Address or E-mail:** \_\_\_\_\_

**Respite Care Provided to:** \_\_\_\_\_  
**Print 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 (Circle AM or PM)	End Time (Circle AM or 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		AM PM	AM PM					
Monday		AM PM	AM PM					
Tuesday		AM PM	AM PM					
Wednesday		AM PM	AM PM					
Thursday		AM PM	AM PM					
Friday		AM PM	AM PM					
Saturday		AM PM	AM PM					
<b>Week 1 Totals</b>							<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 (Circle AM or PM)	End Time (Circle AM or 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		AM PM	AM PM					
Monday		AM PM	AM PM					
Tuesday		AM PM	AM PM					
Wednesday		AM PM	AM PM					
Thursday		AM PM	AM PM					
Friday		AM PM	AM PM					
Saturday		AM PM	AM PM					
<b>Week 2 Totals</b>							<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	OT							
Base Rate									
1 : 2 Sibs									
1 : 3 Sibs									
Travel Time									
Sick Pay									

Do NOT pay mileage until \_\_\_\_\_ Auto Insurance is updated \_\_\_\_\_ Driver's License is updated \_\_\_\_\_

Note Sent: \_\_\_\_\_

Comments: \_\_\_\_\_

<b>Totals</b>			
<b>Regular Hours</b>			
<b>Overtime Hours</b>			

**PAY PERIOD #** \_\_\_\_\_