

**COMMUNITY LIVING CARE, INC.
HBW/ISS
PER DIEM TIME SHEET**

STAFF NAME: _____

JUST A REMINDER! You MUST keep your 24 hours of training current at all times.

CATAGORIES: <24 R or HC

Individual	Day	Date	Category	Time Worked	Total Hours	Home/Community Activity	Rep. Initials
	MON						
	TUES						
	WED						
	THURS						
	FRI						
	SAT						
	SUN						

TOTAL _____

My signature certifies that I received/provided a service on the date(s) listed above. I understand that payments for the service(s) will be from Federal/State funds, and that any false claims, statements, documents, or concealment of material facts may be prosecuted under applicable Federal and State laws.

Employee Signature: _____ Phone: _____

Individual/Representative Signature: _____ Phone: _____

Director/Asst. Signature: _____

CALL OFF LOG: This should reflect information pertaining to the day of work missed. If all hours were worked, please check the box below		
<input type="checkbox"/>	Staff has not missed any work this week.	
<u>Date</u>	<u>Hours</u>	<u>Reason</u>

Office Use Only: _____

REC'D:

PAY DATE: