

**SUPPORT WORKER TIME SHEET**

Program: Consumer Support Grant (CSG) Agency with Choice (CDCS) Personal Support/Respite  
 (circle one)

Support Worker Name \_\_\_\_\_

Consumer Name \_\_\_\_\_

For the Week of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If the individual was hospitalized during this pay period please indicate date entered \_\_\_\_/\_\_\_\_/\_\_\_\_ and date released \_\_\_\_/\_\_\_\_/\_\_\_\_. **Support workers cannot be paid for any hours in a day that the individual was hospitalized or in a nursing home.**

**Instructions:** Record the actual number of hours worked. **YOU MUST DOCUMENT YOUR TIME IN AND TIME OUT FOR EACH DAY YOU WORK.** All overtime hours must be pre-approved by the County. Send the timesheet for the previous week to PossAbilities by the end of the workday every Thursday. **NOTE: Any late timecards will be processed in the next payroll cycle.**

SUNDAY ____/____/____	Time In _____ Time Out _____	Time In _____ Time Out _____	Total Hours Worked For the Day _____
MONDAY ____/____/____	Time In _____ Time Out _____	Time In _____ Time Out _____	Total Hours Worked For the Day _____
TUESDAY ____/____/____	Time In _____ Time Out _____	Time In _____ Time Out _____	Total Hours Worked For the Day _____
WEDNESDAY ____/____/____	Time In _____ Time Out _____	Time In _____ Time Out _____	Total Hours Worked For the Day _____
THURSDAY ____/____/____	Time In _____ Time Out _____	Time In _____ Time Out _____	Total Hours Worked For the Day _____
FRIDAY ____/____/____	Time In _____ Time Out _____	Time In _____ Time Out _____	Total Hours Worked For the Day _____
SATURDAY ____/____/____	Time In _____ Time Out _____	Time In _____ Time Out _____	Total Hours Worked For the Day _____

Support Worker Signature \_\_\_\_\_ Date \_\_\_\_\_ Total Hours \_\_\_\_\_

**My signature means that the hours I have recorded are true. I understand that if I put down the wrong hours on purpose it is fraud and PossAbilities may not pay those hours OR may prosecute according to the law.**

Managing Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

My signature as the Managing Employer means these hours are true and accurate. I understand that approving hours that are not accurate is fraud and PossAbilities may not pay those hours or may prosecute according to the law.