



# Praising Hands, LLC

Employee: \_\_\_\_\_ Timesheet and Data Sheet

Consumer: \_\_\_\_\_

Service Month/Year: \_\_\_\_\_

Consumer UCI: \_\_\_\_\_

<u>Respite Schedule</u>					<u>Total Hours</u>	<u>Parents initials</u>	
Date	Time In	Break Out	Break In	Time Out			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
<b>Total hour</b>							
<b>s:</b>							

## Instructions to Respite Providers:

- Complete and sign the timesheet using **black ink**. Please use one timesheet per consumer, per month.
- Timesheets **Due By 1<sup>st</sup> of the Month**
- LATE SUBMISSION OF TIMESHEET WILL BE PAID NEXT PAYPERIOD
- Submit this form by:  
 EMAIL: [accounting@phllc.org](mailto:accounting@phllc.org)  
 TEXT: [408-981-8713](tel:408-981-8713)  
 FAX: [510-742-2207](tel:510-742-2207)

## Instructions to Parent/Guardian:

- Please confirm that all hours being billed are correct and initial and sign the form appropriately.

<b>Activities</b>	<b>Mark X</b>
• Assisted with Changing Clothes	_____
• Participated in Leisure activities	_____
• Assisted in Personal Care	_____
• Behavior Intervention	_____
• Food Preparation and serving	_____
• Assisted in cleaning after consumer	_____
• One-on-one conversation	_____
• Preparation for Bedtime	_____
• Other:	
1. _____	
2. _____	
3. _____	



**I (PHLLC Staff) certify that I provided respite services to the consumer on the dates and times listed above**

**Signed:**

**I (Parent or Guardian) certify the information provided on this form is correct and accurate**

**Date:** \_\_\_\_\_

**Signed:**

**Employee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_