



# 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						

**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.

Activities	Mark X
• 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. _____	

Total hours: \_\_\_\_\_

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

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

Signed: \_\_\_\_\_  
 Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_