



## United Cerebral Palsy Support Specialist Timesheet



Timesheets for hours worked between the **1st through the 15th** are **accepted no later than the 18th**. Hours worked between the **16th and last day of the month** and due **no later than the 3rd**. Please include any associated Medication Logs, Mileage Logs and/or Receipts. It is the responsibility and expectation that respite providers complete and submit their own timesheets.

Please Submit to:

Employee Name: \_\_\_\_\_  
 Address (If Moved): \_\_\_\_\_  
 Phone Number : \_\_\_\_\_

2801 Coho Street Suite 100  
 Madison, WI 53713  
 (608)273-3318 (Phone)  
 (608)234-5989 (Fax - Timesheets only!)  
[respite@ucpdane.org](mailto:respite@ucpdane.org)

Date	Day	Respite Care Recipient (First and Last Name)	Location		Medication Administered?		Start Time	End Time	TOTAL Hrs (nearest 1/4 hour)	Expenses? (Attach Receipt)
			1 = employee's home	2 = family's home	3 = community (Did you drive?)	YES				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
			YES	NO	YES	NO				
<b>Totals:</b>										

\_\_\_\_\_  
 Parent/Guardian Signature(s) and Date(s)

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 UCP Supervisor Approval

\_\_\_\_\_  
 Date