

Respite Provider Name:

## United Cerebral Palsy RESPITE PROVIDER TIMESHEET



Phone Number:

Timesheets for hours worked between the 1st through the 15th must be received no later than the 18th. Hours worked between the 16th and last day of the month must be received no later than the 3rd. Please include any associated Medication Logs (front and back), Mileage Logs and/or expense receipts. It is the responsibility and expectation that Respite Providers complete and submit their own timesheets.

Date 1/5/2019	Day Sat.	Client's Full Name	Location 1 = Your home 2 = Client's home 3 = In the Community → Did you drive?		Medication Administered?  attach Medication Log		Start Time	End Time	TOTAL Hrs nearest 1/4 hour	Expenses? Attach Receipt	
			2+3	(YES) NO	YES	(NO)	8:15 AM	11:30 AM	3.25	YES	NO
		<u> </u>		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				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
								Totals:			
Parent/Guardi	an Signature	Date									
Employee Signature Date				UCP Supervisor Approval							

Email: respite@ucpdane.org (A confirmation email will be sent upon receipt.)
Mail: UCP: Respite Payroll, 2801 Coho Street, Ste 100, Madison, WI 53713
Deliver: There is an after hours dropbox at the south entrance of the building.