

For Accounting only:  
 Rate \_\_\_\_\_ Diff \_\_\_\_\_ Total \_\_\_\_\_  
 Posted date \_\_\_\_\_

PRAISING HANDS, LLC.

*Time Sheet Due: 1st of the Month*  
*Pay Date: 16th of the month*

**TIMESHEET AND DATA SHEET**

**EMPLOYEE** \_\_\_\_\_ **CONSUMER** \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date \_\_\_\_\_ Service Provided: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Authorized Hours \_\_\_\_\_ (Monthly/Quarterly) UCI# \_\_\_\_\_

| TIME SHEET Column  |            |          |       |                  |
|--------------------|------------|----------|-------|------------------|
| Date               | Start time | End time | Hours | Parent's Initial |
| 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 HOURS</b> |            |          |       |                  |

|  | DATASHEET Column   | Mark X |
|--|--|--------|
| Activities   | <b>Mark X on activities performed during this period</b> |        |
| <input type="checkbox"/> Assisted with changing of clothes |  |        |
| <input type="checkbox"/> Participated in leisure activity  |  |        |
| <input type="checkbox"/> Assisted in personal care         |  |        |
| <input type="checkbox"/> Behavior intervention             |  |        |
| <input type="checkbox"/> Preparation for bedtime           |  |        |
| <input type="checkbox"/> Food preparation and serving      |  |        |
| <input type="checkbox"/> Assisted in cleaning up the mess  |  |        |
| <input type="checkbox"/> One-on-one conversation           |  |        |
| <input type="checkbox"/> Other:                            |  |        |
| 1. _____   |  |        |
| 2. _____   |  |        |
| 3. _____   |  |        |
| 4. _____   |  |        |
| 5. _____   |  |        |

**Instructions to Respite Providers:**

1. Complete and sign the timesheet/datasheet using black ink. Please use one timesheet/datasheet per consumer, per month.
2. If late submission of this timesheet for this period, it will be processed by next billing cycle.
3. Submit this form by:

**EMAIL:** [accounting@phllc.org](mailto:accounting@phllc.org)  
**FAX:** 510-742-2207  
**TEXT:** 408-981-8713

**Instructions to Parent/Guardian:**

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

I certify that I provided respite service to the Consumer listed on the dates shown above.

I certify that the information provided on this form is correct

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

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