

GULF COAST SOCIAL SERVICES DIRECT CARE TIMESHEET

Region	<input type="checkbox"/> 50 Lafayette
<input type="checkbox"/> 20 Baton Rouge	<input type="checkbox"/> 51 Alexandria
<input type="checkbox"/> 30 Hammond	<input type="checkbox"/> 52 Lake Charles
<input type="checkbox"/> 40 Houma	<input type="checkbox"/> 60 New Orleans

<input type="checkbox"/> DAY	<input type="checkbox"/> 1 consumer
<input type="checkbox"/> NIGHT	<input type="checkbox"/> 2 consumers
<input type="checkbox"/> _____	<input type="checkbox"/> 3 consumers

EMPLOYEE #:

<input type="checkbox"/> Fund 101 (PCA)
<input type="checkbox"/> Fund 103 (SL)
<input type="checkbox"/> Fund 117 (EPSDT)
<input type="checkbox"/> Fund 118 (PAS)
<input type="checkbox"/> Fund 119 (PCS)
<input type="checkbox"/> Fund 120
<input type="checkbox"/> Other _____

Use this timesheet to document the time you perform services with your client. Please date each day. For days you do not work, write "OFF". Remember, hours that you did not work with your client should not be recorded on this timesheet.

Consumer's Name: _____

Week 1	Date	Time In	Time Out	Time In	Time Out	Total Hours	Comments
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

WEEK ENDING _____ Total

Week 2	Date	Time In	Time Out	Time In	Time Out	Total Hours	Comments
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

WEEK ENDING _____ Total

Two week Total

My signature attests that the hours recorded above are true and correct and I understand that falsification of hours can result in termination of my employment and possible prosecution for fraud under Federal and State statutes.

Employee's Name: _____ Employee's Signature: _____

Parent/Guardian/Consumer's Signature: _____

*Program Director's/GCSS Signature: _____ Date: _____

*I certify that the service logs which document the hours worked have been received and match the hours recorded