



**2010 Respite Caregiver Timecard**  
 900 Calle Plano, Ste K, Camarillo, CA 93012  
 Phone (805) 384-0983 Fax To: (805) 384-0986

All SIGNED timecards are due within 30 days of delivery of service  
 Mail by Friday, or Fax by 5pm Monday (schedule on back)

Respite Caregiver Name: \_\_\_\_\_

**FOR CONFIDENTIALITY, LIST ONE FAMILY PER TIMECARD PLEASE**

*Please round all hours to the nearest quarter hour and round all mileage to the closest mile.*

*\* Roundtrip Miles are traveled to and from the family's home.*

*\*\* Activity Travel Miles are traveled to take individual to local activities and limited to 10 miles per day maximum.*

Phone Number: \_\_\_\_\_

*List only NEW contact information below*

New Street: \_\_\_\_\_

New City, Zip: \_\_\_\_\_

New Email: \_\_\_\_\_

Please call me about my updated availability

Day of the Week	Date (mm/dd/yy)	Start Time (AM/PM)	End Time (AM/PM)	Total Hours (round to .25 hr)	Roundtrip Miles *	Activity Travel Miles **	Description of Activity Travel Miles (10 miles per day maximum)	Individual's First & Last Name	Parent's Signature (Must sign every line - no initials)
<b>TIMECARD TOTALS:</b>									

My signature on this timecard verifies that I have taken all required rest and meal periods, my position is classified under wage order 15 and I have notified the office of any work-related injuries or suspected abuse or neglect.

**Respite Caregiver Signature:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_

*For CISS Accounting Use Only:*

\$0.45/mile =	# Hours	Individual's Name (OR SEE PAGE _____)	Mo/Yr	Hours	Subcode	Hrs Logged	Miles	M/Y Ebill	M/Y Supp
Hourly Rate									
Base Rate									
1 : 2 Sibs									
1 : 3 Sibs									
Other									

Do NOT pay mileage until \_\_\_\_\_ Auto Insurance is updated \_\_\_\_\_ Driver's License is updated  Note Sent **Comments:** \_\_\_\_\_