CHOICESS - Community *Housing Options: Integrated Community, Employment and Social Services*

Staff: _____ Pay Period: _____ to _____

Consumer	1			2			3			4			5			6			7						Total
	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	
Meeting, Call-In, etc.																									
Totals																									

OFFICE USE

Salary		Regular		Sick/Holiday Vacation		Overtime		Overnight	
Salary		Regular		Sick/Holiday Vacation		Overtime		Overnight	

NOTE: Time cards must include progress notes to be paid. Progress notes must include actual time worked along with detailed information of services provided.

_____ Community Support Staff

_____ Community Specialist

CHOICESS - Community *Housing Options: Integrated Community, Employment and Social Services*

Staff: _____ Pay Period: _____ to _____

Consumer	8			9			10			11			12			13			14			15			Total
	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	
Meeting, Call-In, etc.																									
Totals																									

OFFICE USE

Salary		Regular		Sick/Holiday Vacation		Overtime		Overnight	
Salary		Regular		Sick/Holiday Vacation		Overtime		Overnight	

NOTE: Time cards must include progress notes to be paid. Progress notes must include actual time worked along with detailed information of services provided.

_____ Community Support Staff

_____ Community Specialist

CHOICESS - Community *Housing Options: Integrated Community, Employment and Social Services*

Staff: _____ Pay Period: _____ to _____

Consumer	16			17			18			19			20			21			22			23			Total
	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	
Meeting, Call-In, etc.																									
Totals																									

OFFICE USE

Salary		Regular		Sick/Holiday Vacation		Overtime		Overnight	
Salary		Regular		Sick/Holiday Vacation		Overtime		Overnight	

NOTE: Time cards must include progress notes to be paid. Progress notes must include actual time worked along with detailed information of services provided.

_____ Community Support Staff

_____ Community Specialist

CHOICESS - Community *Housing Options: Integrated Community, Employment and Social Services*

Staff: _____ Pay Period: _____ to _____

Consumer	La 24			La 25			La 26			La 27			La 28			La 29			La 30			La 31			Total
	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	
Meeting, Call-In, etc.																									
Totals																									

OFFICE USE

Salary		Regular		Sick/Holiday Vacation		Overtime		Overnight	
Salary		Regular		Sick/Holiday Vacation		Overtime		Overnight	

NOTE: Time cards must include progress notes to be paid. Progress notes must include actual time worked along with detailed information of services provided.

_____ Community Support Staff

_____ Community Specialist