

Tennessee Personal Assistance Hourly Timesheet

Employee Name/Title

CHINOMBE SIMBAREMUTEURO

Person Supported

OFFICE

Address

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekly Totals	Summary Totals
Date <u>7/16</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>7/17</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>7/18</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>7/19</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>7/20</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>7/21</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>7/22</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Hours Worked <u>24</u> Training _____ Holiday _____ CP Transp. _____ PA Transp. _____ Respite _____	Regular <u>96</u> Overtime _____ Training _____ Respite _____
Date <u>7/23</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>7/24</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>7/25</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>7/26</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>7/27</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>7/28</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>7/29</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Hours Worked <u>40</u> Training _____ Holiday _____ CP Transp. _____ PA Transp. _____ Respite _____	Holiday _____ CP Transportation _____ PA Transportation _____ Respite _____
Date <u>7/30</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>7/31</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>8/1</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>8/2</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>8/3</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>8/4</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Date <u>8/5</u> <input type="checkbox"/> Time in <u>0800</u> Time out <u>1600</u> Training _____ Holiday _____ Respite _____ TOTAL <u>8</u> Transportation CP <input type="checkbox"/> PA <input type="checkbox"/>	Hours Worked <u>32</u> Training _____ Holiday _____ CP Transp. _____ PA Transp. _____ Respite _____	Family Signature if Applicable _____ Date: _____

Pay Period (Circle One) <input type="checkbox"/> 1st to 15th or <input checked="" type="checkbox"/> 16th to 31st	Staff Signature: 	Date 08/13	Supervisor's Signature: 	Date 08/13
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ATTESTATION: I attest that I have completed and turned in all supporting documentation (daily notes, sleep logs, MARs, etc.). I acknowledge that I may