

**Council on Aging, Inc.**

**NAME:** \_\_\_\_\_

**PAY PERIOD:** \_\_\_\_\_

**Week 1**      Sunday - Saturday

**Week 2**      Sunday - Saturday

Date	Client Initials	Time In	Time Out	Total Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
<b>Week One Total Hours</b>				

Date	Client Initials	Time In	Time Out	Total Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
<b>Week Two Total Hours</b>				

PAID CK# \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 DATE \_\_\_\_\_  
 AMOUNT \_\_\_\_\_

**TOTAL HOURS:**    COC                      WAIVER                      TBI                      PRIVATE                      TRAINING                      VACATION  
                             FAIR                      RESPITE                      LIGHTHOUSE

I CERTIFY THAT THE REPORTED INFORMATION IS CORRECT

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ **GRAND TOTAL** \_\_\_\_\_  
 SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_