Choices Are For Everyone, Inc. Weekly Timesheet (Due by 10:00am on the first business day of each week) _____ Week Ending: _____ Employee Name: _____ Program Key: **D**=Dayhab, **C**=Children, **R**=Residential, **SLO**=Shared Living, **OUT**=Outreach IN OUT CLIENT/PROGRAM NAME PROG. HRS. IN OUT CLIENT/PROGRAM NAME PROG. HRS. MONDAY TUESDAY WEDNESDAY **THURSDAY** FRIDAY SAT HOURS WORKED: _____ **EMPLOYEE SIGNATURE:** PTO: _____ My signature indicates that this timesheet completely and accurately reflects of all my time worked for CAFE in this week. TOTAL HOURS: ____

OFFICE USE ONLY	Dayhab:	Hicks:	Vivian:	Chadbourne:	Office:
	Dayhab OT:	Hicks OT	Vivian OT:	Chadbourne OT:	
	Child:	941 Apt 1:	Pearl:	SLO:	
		941 Apt 1 OT:	Pearl OT:	SLO OT:	
	EBT:	KW:	210 Hicks:	Outreach:	
	Training:	KW OT:	210 Hicks OT:	Outreach OT:	Revision Date: 07/27/2017