TMI Supported Living Timesheet

Month/Year _____ *Community Support Facilitator* _____ *Client* _____

1st			
Start	End	TMI	IHSS
Total Hours:			

2nd			
Start	End	TMI	IHSS
Total Hours:			

3rd			
Start	End	TMI	IHSS
Total Hours:			

4th			
Start	End	TMI	IHSS
Total Hours:			

5th			
Start	End	TMI	IHSS
Total Hours:			

6th			
Start	End	TMI	IHSS
Total Hours:			

7th			
Start	End	TMI	IHSS
Total Hours:			

8th			
Start	End	TMI	IHSS
Total Hours:			

9th			
Start	End	TMI	IHSS
Total Hours:			

10th			
Start	End	TMI	IHSS
Total Hours:			

11th			
Start	End	TMI	IHSS
Total Hours:			

12th			
Start	End	TMI	IHSS
Total Hours:			

13th			
Start	End	TMI	IHSS
Total Hours:			

14th			
Start	End	TMI	IHSS
Total Hours:			

15th			
Start	End	TMI	IHSS
Total Hours:			

_____
Client Signature ***Date***

_____
CSF Signature ***Date***

_____
Case Manager Signature ***Date***

Initials

I have taken my required meal periods for all shifts worked.

Enter Reinbursement Amount

Mileage: _____

Cell Phone: _____

1st - 15th TMI Hours Billed

AWAKE: _____

SLEEP: _____

HOLIDAY: _____

SICK/VACATION _____

TOTAL TMI HOURS BILLED: _____

1st -15th IHSS HOURS BILLED: _____ OUT OF

Rev. 06/2015

TMI Supported Living Timesheet

Month/Year _____ *Community Support Facilitator* _____ *Client* _____

16th			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

17th			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

18th			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

19th			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

20th			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

21st			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

22nd			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

23rd			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

24th			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

25th			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

26th			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

27th			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

28th			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

29th			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

30th			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

31st			
Start	*End*	*TMI*	*IHSS*
Total Hours:			

Client Signature *Date*

CSF Signature *Date*

Case Manager Signature *Date*

☐ **Initals**

I have taken my required meal periods for all shifts.

16th - 31st TMI Hours Billed

AWAKE: _____

SLEEP: _____

HOLIDAY: _____

SICK/VACATION: _____

TOTAL TMI HOURS BILLED: _____

16th -31st IHSS HOURS BILLED: _____ OUT OF