## Council on Aging, Inc.

NAME:						PAY PERIOD:										
Week 1	Sunday -	Saturday					Week 2	Sunday - Saturday						_		
Date	Client Initials	Time In	Time Out	To Hours	tal Hours Minutes	OFFICE USE ONLY	Date	Client Initials	Time In	Time Out	Hours	otal Hours Minutes	OFFICE USE ONLY			
Sunday							Sunday							1		
Monday							Monday									
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Tuesday							Tuesday									
Wednesday							Wednesday							-		
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Thursday							Thursday							-		
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Friday							Friday									
Saturday							Saturday									
			Week One Total Hours							Week Two Total Hours						
TOTAL	DEDOONAL	0405		\4\\4\\\ED		<b>TD</b> 1		DD1/4-T/	_	TD 41						
HOURS:	PERSONAL CARE		WAIVER RESPITE			TBI LIGHTHOUSE		PRIVATE TRA					=			
	FAIR					LIGHT	HOUSE	VACATIO	JIN .					-		
I CERTIFY 1	THAT THE REPO	ORTED INFO	RMATION IS C	ORRECT												
EMPLOYEE SIGNATURE:							DATE:			GRAND TOTA	<b>NL</b>			=		
SUPERVIS	OR SIGNATU	RE:					DATE:									
							10/01/2023									