

**Plumas Rural Services  
In-Home Respite Services**

711 E. Main St.  
Quincy, CA 95971

530-283-2735  
Fax 530-283-3647

**TIMESHEET**

Provider (print): \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

*\*Please use a separate timesheet for each month*

Date	Time In	Time Out	Total	Client Name	Caregiver or Parent Signature

Total Hours: \_\_\_\_\_

I certify that the above dates and total hours worked are correct to the best of my knowledge.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Respite Coordinator's Signature

Office Use Only:

Program	Account	Rate	Hours	Amount

Total Due: \_\_\_\_\_