United Cerebral Palsy
Support Specialist Timesheet

***Time sheets **due 18th** (1st - 15th) **and 3rd** (16th -last day of month). Include any associated Medication Logs, Mileage Logs and/or Receipts.

Please Submit to: Christine Delgado
2801 Coho Street Suite 300
Madison, WI 53713
(608)273-3318 (Phone)
(608)234-5989 (Fax - Timesheets only!)

Employee Name: _____
Address (If Moved): _____
Phone Number : _____

Date	Day	Respite Care Recipient (First and Last Name)	Location your home 2 = family's home 3 = community 1=	Medication Administered? (attach Med. Log)	Start Time	End Time	TOTAL Hrs (round to the nearest 1/4 hour)	Expenses? (Attach Receipt)
				YES NO				
						Totals:		

_____
Parent/Guardian Signature(s) and Date(s)

_____ _____
Employee Signature Date UCP Supervisor Approval Date