



**LOCAL HEALTH INTEGRATION (LHIN) PROGRAM
Direct Support Person (DSP) Time Card**

Extend-A-Family Waterloo Region
91 Moore Ave
Kitchener, ON N2H3S4
Ph: 519-741-0190
Email: lhin-timecards@eafwr.on.ca

Employee Name: _____ Individual Supported: _____

EAFWR Coordinator: _____ Pay Period: _____

| Day | Date | In | Out | Number of Hours | Authorization or Initials | Comments |
|--------------|------|----|-----|-----------------|---------------------------|----------|
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| TOTAL | | | | | | |

Employee Signature

Individual/Family – Signature

Date

*All Time cards must be signed off on by either the Parents/Guardians or, if applicable, the Individual supported AND the DSP.
 By signing this time card for payment, I acknowledge that the hours indicated are the actual hours worked.