

EXTEND-A-FAMILY WATERLOO REGION Direct Support Person (DSP) Time Card

Employee name: _____ **Individual Supported:** _____
EAFWR Coordinator: _____ **Pay Period:** _____

Program (please check): SSAH Passport CCAC Respite FamilyHome
 Seasonal Enhancement DSRC Other SIL CPS

Day	Date	Time In	Time Out	Total Hours	Auth.	Comments
Sunday		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
Monday		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
Tuesday		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
Wednesday		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
Thursday		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
Friday		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
Saturday		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			

Sunday		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
Monday		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
Tuesday		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
Wednesday		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
Thursday		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
Friday		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
Saturday		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			

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. By signing this time card for payment, I acknowledge that the hours indicated are the actual hours worked.