

PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaouni@procareunlimited.com

Employee Name :

Phone Number:

Consumer Full Name :

Phone Number:

Pay Period: 1/2/2023 1/15/2023

Employee Name :		Phone Number:		Pay Periods:		Pay Dates:	
Consumer Full Name :		Phone Number:		12/19/22 - 1/1/23		1/6/2023	
Pay Period: 1/2/2023		1/15/2023		1/2/23 - 1/15/23		1/20/2023	
				1/16/23 - 1/29/23		2/3/2023	
				1/30/23 - 2/12/23		2/17/2023	
				2/13/23 - 2/26/23		3/3/2023	
				2/27/23 - 3/12/23		3/17/2023	
				3/13/23 - 3/26/23		3/31/2023	
				3/27/23 - 4/9/23		4/14/2023	
				4/10/23 - 4/23/23		4/28/2023	
				4/24/23 - 5/7/23		5/12/2023	
				5/8/23 - 5/21/23		5/26/2023	
				5/22/23 - 6/4/23		6/9/2023	
				6/5/23 - 6/18/23		6/23/2023	
				6/19/23 - 7/2/23		7/7/2023	
				7/3/23 - 7/16/23		7/21/2023	
				7/17/23 - 7/30/23		8/4/2023	
				7/31/23 - 8/13/23		8/18/2023	
				8/14/23 - 8/27/23		9/1/2023	
				8/28/23 - 9/10/23		9/15/2023	
				9/11/23 - 9/24/23		9/29/2023	
				9/25/23 - 10/8/23		10/13/2023	
				10/9/23 - 10/22/23		10/27/2023	
				10/23/23 - 11/5/23		11/10/2023	
				11/6/23 - 11/19/23		11/24/2023	
				11/20/23 - 12/3/23		12/8/2023	
				12/4/23 - 12/17/23		12/22/2023	
				12/18/23 - 12/31/23		1/5/2024	
				Weekly Total			
				Bi-Weekly Total			
				Must be faxed in every other Monday accompanied by progress notes/logs			
				Employee Signature:			
				Guardian/Parent Signature:			

PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaouni@procareunlimited.com

Employee Name :

Phone Number:

Consumer Full Name :

Phone Number:

Pay Period: 1/16/2023 1/29/2023

Employee Name :		Phone Number:				Pay Periods:		Pay Dates:	
Consumer Full Name :		Phone Number:							
Pay Period: 1/16/2023		1/29/2023							
Day	Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:			
Mon	1/16/23								1/6/2023
Tues	1/17/23								1/20/2023
Wed	1/18/23								2/3/2023
Thur	1/19/23								2/17/2023
Fri	1/20/23								3/3/2023
Sat	1/21/23								3/17/2023
Sun	1/22/23								3/31/2023
						Weekly Total			4/14/2023
Day	Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:			4/28/2023
Mon	1/23/23								5/12/2023
Tues	1/24/23								5/26/2023
Wed	1/25/23								6/9/2023
Thur	1/26/23								6/23/2023
Fri	1/27/23								7/7/2023
Sat	1/28/23								7/21/2023
Sun	1/29/23								8/4/2023
						Weekly Total			8/18/2023
Day	Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:			9/1/2023
Mon	1/23/23								9/15/2023
Tues	1/24/23								9/29/2023
Wed	1/25/23								10/13/2023
Thur	1/26/23								10/27/2023
Fri	1/27/23								11/10/2023
Sat	1/28/23								11/24/2023
Sun	1/29/23								12/8/2023
						Weekly Total			12/22/2023
Must be faxed in every other Monday accompanied by progress notes/logs									
Employee Signature:						B=Weekly Total:			1/5/2024
Guardian/Parent Signature:									

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaouni@procareunlimited.com

Employee Name :		Phone Number:		Pay Periods:		Pay Dates:	
Consumer Full Name :		Phone Number:		12/19/22 - 1/1/23		1/6/2023	
Pay Period: 1/30/2023		2/12/2023		1/2/23 - 1/15/23		1/20/2023	
1/16/23 - 1/29/23		2/3/2023		2/17/2023		3/3/2023	
1/30/23 - 2/12/23		2/27/23 - 3/12/23		3/17/2023		3/31/2023	
2/13/23 - 2/26/23		3/13/23 - 3/26/23		4/10/23 - 4/23/23		4/28/2023	
2/27/23 - 3/12/23		3/27/23 - 4/9/23		4/24/23 - 5/7/23		5/12/2023	
3/13/23 - 3/26/23		4/10/23 - 4/23/23		5/8/23 - 5/21/23		5/26/2023	
3/27/23 - 4/9/23		4/24/23 - 5/7/23		5/22/23 - 6/4/23		6/9/2023	
4/10/23 - 4/23/23		5/8/23 - 5/21/23		6/5/23 - 6/18/23		6/23/2023	
4/24/23 - 5/7/23		5/22/23 - 6/4/23		6/19/23 - 7/2/23		7/7/2023	
5/8/23 - 5/21/23		5/22/23 - 6/4/23		7/3/23 - 7/16/23		7/21/2023	
5/22/23 - 6/4/23		6/5/23 - 6/18/23		7/17/23 - 7/30/23		8/4/2023	
6/5/23 - 6/18/23		6/19/23 - 7/2/23		8/14/23 - 8/27/23		8/18/2023	
6/19/23 - 7/2/23		7/3/23 - 7/16/23		8/28/23 - 9/10/23		9/1/2023	
7/3/23 - 7/16/23		7/17/23 - 7/30/23		9/11/23 - 9/24/23		9/15/2023	
7/17/23 - 7/30/23		8/14/23 - 8/27/23		9/25/23 - 10/8/23		9/29/2023	
8/14/23 - 8/27/23		8/28/23 - 9/10/23		10/9/23 - 10/22/23		10/13/2023	
8/28/23 - 9/10/23		9/11/23 - 9/24/23		10/23/23 - 11/5/23		10/27/2023	
9/11/23 - 9/24/23		9/25/23 - 10/8/23		11/6/23 - 11/19/23		11/24/2023	
9/25/23 - 10/8/23		10/9/23 - 10/22/23		11/20/23 - 12/3/23		12/8/2023	
10/9/23 - 10/22/23		10/23/23 - 11/5/23		12/4/23 - 12/17/23		12/22/2023	
10/23/23 - 11/5/23		11/6/23 - 11/19/23		12/18/23 - 12/31/23		1/5/2024	
11/6/23 - 11/19/23		11/20/23 - 12/3/23					
11/20/23 - 12/3/23		12/4/23 - 12/17/23					
12/4/23 - 12/17/23		12/18/23 - 12/31/23					
12/18/23 - 12/31/23							
Day	Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:	
Mon	2/6/23						
Tues	2/7/23						
Wed	2/8/23						
Thur	2/9/23						
Fri	2/10/23						
Sat	2/11/23						
Sun	2/12/23						
Weekly Total							
Must be faxed in every other Monday accompanied by progress notes/logs							
Employee Signature:							Bi-Weekly Total:
Guardian/Parent Signature:							

PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaouni@procareunlimited.com

Employee Name :

Phone Number:

Consumer Full Name :

Phone Number:

Pay Period: 2/13/2023 2/26/2023

Employee Name :		Phone Number:		Pay Periods:		Pay Dates:	
Consumer Full Name :		Phone Number:		12/19/22 - 1/1/23		1/6/2023	
Pay Period: 2/13/2023		2/26/2023		1/2/23 - 1/15/23		1/20/2023	
				1/16/23 - 1/29/23		2/3/2023	
				2/13/23 - 2/12/23		2/17/2023	
				2/13/23 - 2/26/23		3/3/2023	
				2/27/23 - 3/12/23		3/17/2023	
				3/13/23 - 3/26/23		3/31/2023	
				3/27/23 - 4/9/23		4/14/2023	
				4/10/23 - 4/23/23		4/28/2023	
				4/24/23 - 5/7/23		5/12/2023	
				5/8/23 - 5/21/23		5/26/2023	
				5/22/23 - 6/4/23		6/9/2023	
				6/5/23 - 6/18/23		6/23/2023	
				6/19/23 - 7/2/23		7/7/2023	
				7/3/23 - 7/16/23		7/21/2023	
				7/17/23 - 7/30/23		8/4/2023	
				7/31/23 - 8/13/23		8/18/2023	
				8/14/23 - 8/27/23		9/1/2023	
				8/28/23 - 9/10/23		9/15/2023	
				9/11/23 - 9/24/23		9/29/2023	
				9/25/23 - 10/8/23		10/13/2023	
				10/9/23 - 10/22/23		10/27/2023	
				10/23/23 - 11/5/23		11/10/2023	
				11/6/23 - 11/19/23		11/24/2023	
				11/20/23 - 12/3/23		12/8/2023	
				12/4/23 - 12/17/23		12/22/2023	
				12/18/23 - 12/31/23		1/5/2024	
Day		Date	GLS-Time In	GLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:
Mon		2/20/23					
Tues		2/21/23					
Wed		2/22/23					
Thur		2/23/23					
Fri		2/24/23					
Sat		2/25/23					
Sun		2/26/23					
			Weekly Total				
			Bi-Weekly Total				
Must be faxed in every other Monday accompanied by progress notes/logs							
Employee Signature:			Bi-Weekly Total:				
Signature / Receipt Signature:							

Must be faxed in every other Monday accompanied by progress notes/logs

Employee Signature:

Guardian/Parent Signature:

PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaouni@procareunlimited.com

Employee Name :

Phone Number:

Consumer Full Name :

Phone Number:

Pay Period: 2/27/2023 3/12/2023

Department: Direct Care Worker		Phone Number:		Pay Periods:		Pay Dates:	
Employee Name :		Phone Number:		12/19/22 - 1/1/23		1/6/2023	
Consumer Full Name :				1/2/23 - 1/15/23		1/20/2023	
Pay Period: 2/27/2023		3/12/2023		1/16/23 - 1/29/23		2/3/2023	
Day	Date	CLS-Time In	CLS-Time Out	RESPIE-Time In	RESPIE-Time Out	Hours Worked:	2/17/2023
Mon	2/27/23					2/13/23 - 2/26/23	3/3/2023
Tues	2/28/23					2/27/23 - 3/12/23	3/17/2023
Wed	3/1/23					3/13/23 - 3/26/23	3/31/2023
Thur	3/2/23					3/27/23 - 4/9/23	4/14/2023
Fri	3/3/23					4/10/23 - 4/23/23	4/28/2023
Sat	3/4/23					4/24/23 - 5/7/23	5/12/2023
Sun	3/5/23					5/8/23 - 5/21/23	5/26/2023
				Weekly Total		5/22/23 - 6/4/23	6/9/2023
Day	Date	CLS-Time In	CLS-Time Out	RESPIE-Time In	RESPIE-Time Out	6/5/23 - 6/18/23	6/23/2023
Mon	3/6/23					6/19/23 - 7/2/23	7/7/2023
Tues	3/7/23					7/3/23 - 7/16/23	7/21/2023
Wed	3/8/23					7/17/23 - 7/30/23	8/4/2023
Thur	3/9/23					7/31/23 - 8/13/23	8/18/2023
Fri	3/10/23					8/14/23 - 8/27/23	9/1/2023
Sat	3/11/23					8/28/23 - 9/10/23	9/15/2023
Sun	3/12/23					9/11/23 - 9/24/23	9/29/2023
				Weekly Total		9/25/23 - 10/8/23	10/13/2023
						10/9/23 - 10/22/23	10/27/2023
						10/23/23 - 11/5/23	11/10/2023
						11/6/23 - 11/19/23	11/24/2023
						11/20/23 - 12/3/23	12/8/2023
						12/4/23 - 12/17/23	12/22/2023
						12/18/23 - 12/31/23	1/5/2024
Must be faxed in every other Monday accompanied by progress notes/logs							
Employee Signature:						Bi-Weekly Total:	
Guardian/Parent Signature:							

PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaouni@procareunlimited.com

Employee Name :

Phone Number:

Consumer Full Name :

Phone Number:

Pay Period: 3/13/2023 3/26/2023

Department: Direct Care Worker							Fax: 1-877-359-84/5		Enroll: 11/18/2016	
Employee Name :							Phone Number:			
Consumer Full Name :							Phone Number:			
Pay Period: 3/13/2023		3/26/2023					Pay Periods:		Pay Dates:	
Day	Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:	12/19/22 - 1/1/23	1/6/2023		
							1/2/23 - 1/15/23	1/20/2023		
							1/16/23 - 1/29/23	2/3/2023		
							2/13/23 - 2/26/23	2/17/2023		
							2/27/23 - 3/12/23	3/3/2023		
Mon	3/13/23						3/13/23 - 3/26/23	3/17/2023		
							3/27/23 - 4/9/23	3/31/2023		
Tues	3/14/23						4/10/23 - 4/23/23	4/14/2023		
							4/24/23 - 5/7/23	4/28/2023		
Wed	3/15/23						5/8/23 - 5/21/23	5/12/2023		
							5/22/23 - 6/4/23	5/26/2023		
Thur	3/16/23						6/5/23 - 6/18/23	6/9/2023		
							6/19/23 - 7/2/23	6/23/2023		
Fri	3/17/23						7/3/23 - 7/16/23	7/7/2023		
							7/17/23 - 7/30/23	7/24/2023		
Sat	3/18/23						7/31/23 - 8/13/23	8/4/2023		
							8/14/23 - 8/27/23	8/18/2023		
Sun	3/19/23						8/28/23 - 9/10/23	9/1/2023		
							9/11/23 - 9/24/23	9/15/2023		
							9/25/23 - 10/8/23	9/29/2023		
Day	Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:	10/9/23 - 10/22/23	10/13/2023		
Mon	3/20/23						10/23/23 - 11/5/23	10/27/2023		
							11/6/23 - 11/19/23	11/10/2023		
Tues	3/21/23						11/20/23 - 12/3/23	11/24/2023		
							12/4/23 - 12/17/23	12/8/2023		
Wed	3/22/23						12/18/23 - 12/31/23	12/22/2023		
								1/5/2024		
Thur	3/23/23									
Fri	3/24/23									
Sat	3/25/23									
Sun	3/26/23									
							Weekly Total			
							Bi-Weekly Total			
Must be faxed in every other Monday accompanied by progress notes/logs										
Employee Signature:										

PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaouni@procareunlimited.com

Employee Name :

Phone Number:

Consumer Full Name :

Phone Number:

Pay Period: 3/27/2023 4/9/2023

		Pay Period: 3/27/2023 4/9/2023		Pay Periods:		Pay Dates:	
Day	Date	CLS Time In	CLS Time Out	RESPIRE Time In	RESPIRE Time Out	Hours Worked:	
Mon	3/27/23						12/19/22 - 1/1/23
Tues	3/28/23						1/2/23 - 1/15/23
Wed	3/29/23						1/16/23 - 1/29/23
Thur	3/30/23						1/30/23 - 2/12/23
Fri	3/31/23						2/13/23 - 2/26/23
Sat	4/1/23						2/27/23 - 3/12/23
Sun	4/2/23						3/13/23 - 3/26/23
Weekly Total							3/27/23 - 4/9/23
Mon	4/3/23						4/10/23 - 4/23/23
Tues	4/4/23						4/24/23 - 5/7/23
Wed	4/5/23						5/8/23 - 5/21/23
Thur	4/6/23						5/22/23 - 6/4/23
Fri	4/7/23						6/5/23 - 6/18/23
Sat	4/8/23						6/19/23 - 7/2/23
Sun	4/9/23						7/3/23 - 7/16/23
Weekly Total							7/17/23 - 7/30/23
Mon	4/3/23						7/31/23 - 8/13/23
Tues	4/4/23						8/14/23 - 8/27/23
Wed	4/5/23						8/28/23 - 9/10/23
Thur	4/6/23						9/11/23 - 9/24/23
Fri	4/7/23						9/25/23 - 10/8/23
Sat	4/8/23						10/9/23 - 10/22/23
Sun	4/9/23						10/23/23 - 11/5/23
Weekly Total							11/6/23 - 11/19/23
Must be faxed in every other Monday accompanied by progress notes/logs							11/20/23 - 12/3/23
Employee Signature:							12/4/23 - 12/17/23
Guardian/Parent Signature:							12/18/23 - 12/31/23
							1/5/2024

Bi-Weekly Total:

Email: mshaouni@brocareunlimited.com

Phone Number:

2/3/2023

3/3/2023
2/17/2023

4/24/2023

5/12/2023
5/16/2023

6/23/2022

7/21/2022
8/4/2022

9/1/2022

9/29/2022
10/13/2022

11/10/202

12/22/2021

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Age Group	Percentage of Respondents
18-29	85%
30-49	80%
50-69	75%
70+	70%

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PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaouni@procareunlimited.com

Employee Name :

Phone Number:

Consumer Full Name :

Phone Number:

Pay Period: 4/24/2023 5/7/2023

Department: Direct Care Worker		Fax: 1-877-555-6712		Employee Name:		Phone Number:		Phone Number:	
Consumer Full Name:		Pay Period: 4/24/2023		5/7/2023		Pay Periods:		Pay Dates:	
Day		Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:		
Mon		4/24/23					2/27/23 - 3/12/23	1/6/2023	
Tues		4/25/23					3/13/23 - 3/26/23	1/20/2023	
Wed		4/26/23					3/27/23 - 4/9/23	2/3/2023	
Thur		4/27/23					4/10/23 - 4/23/23	2/17/2023	
Fri		4/28/23					4/24/23 - 5/7/23	3/3/2023	
Sat		4/29/23					5/8/23 - 5/21/23	3/17/2023	
Sun		4/30/23					5/22/23 - 6/4/23	3/31/2023	
							6/5/23 - 6/18/23	4/14/2023	
							6/19/23 - 7/2/23	4/28/2023	
							7/3/23 - 7/16/23	5/12/2023	
							7/17/23 - 7/30/23	5/26/2023	
							7/31/23 - 8/13/23	6/9/2023	
							8/14/23 - 8/27/23	6/23/2023	
							8/28/23 - 9/10/23	7/7/2023	
							9/11/23 - 9/24/23	7/21/2023	
							9/25/23 - 10/8/23	8/4/2023	
							10/9/23 - 10/22/23	8/18/2023	
							10/23/23 - 11/5/23	9/1/2023	
							11/6/23 - 11/19/23	9/15/2023	
							11/20/23 - 12/3/23	9/29/2023	
							12/4/23 - 12/17/23	10/13/2023	
							12/18/23 - 12/31/23	10/27/2023	
								11/10/2023	
								11/24/2023	
								12/8/2023	
								12/22/2023	
								1/5/2024	
Weekly Total:									
Must be faxed in every other Monday accompanied by progress notes/logs									
Employee Signature:							Bi-Weekly Total:		
Guardian/Parent Signature:									

PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaouni@procareunlimited.com

Employee Name :

Phone Number:

Consumer Full Name :

Phone Number:

Pay Period: 5/8/2023 5/21/2023

Employee Name :		Phone Number:				Pay Periods:		Pay Dates:	
Consumer Full Name :		Phone Number:							
Pay Period: 5/8/2023		5/21/2023							
Day	Date	CIS-Time In	CIS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:			
Mon	5/8/23								
Tues	5/9/23								
Wed	5/10/23								
Thur	5/11/23								
Fri	5/12/23								
Sat	5/13/23								
Sun	5/14/23								
						Weekly Total:			
Day	Date	CIS-Time In	CIS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:			
Mon	5/15/23								
Tues	5/16/23								
Wed	5/17/23								
Thur	5/18/23								
Fri	5/19/23								
Sat	5/20/23								
Sun	5/21/23								
						Weekly Total:			
Must be faxed in every other Monday accompanied by progress notes/logs									
Employee Signature:						Bi-Weekly Total:			
Guardian/Parent Signature:									