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**

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	1/2/23					
Tues	1/3/23					
Wed	1/4/23					
Thur	1/5/23					
Fri	1/6/23					
Sat	1/7/23					
Sun	1/8/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	1/9/23					
Tues	1/10/23					
Wed	1/11/23					
Thur	1/12/23					
Fri	1/13/23					
Sat	1/14/23					
Sun	1/15/23					
					Weekly Total	

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

Employee Signature:	**Bi-Weekly Total**
Guardian/Parent Signature:	

Pay Periods:	Pay Dates:
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
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

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**

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	1/16/23					
Tues	1/17/23					
Wed	1/18/23					
Thur	1/19/23					
Fri	1/20/23					
Sat	1/21/23					
Sun	1/22/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	1/23/23					
Tues	1/24/23					
Wed	1/25/23					
Thur	1/26/23					
Fri	1/27/23					
Sat	1/28/23					
Sun	1/29/23					
					Weekly Total	

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

Employee Signature: **Bi-Weekly Total:**

Guardian/Parent Signature:

Pay Periods:	Pay Dates:
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
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

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: **1/30/2023** **2/12/2023**

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	1/30/23					
Tues	1/31/23					
Wed	2/1/23					
Thur	2/2/23					
Fri	2/3/23					
Sat	2/4/23					
Sun	2/5/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-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:

Pay Periods:	Pay Dates:
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
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

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**

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	2/13/23					
Tues	2/14/23					
Wed	2/15/23					
Thur	2/16/23					
Fri	2/17/23					
Sat	2/18/23					
Sun	2/19/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-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	

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

Employee Signature: **Bi-Weekly Total:**

Guardian/Parent Signature:

Pay Periods:	Pay Dates:
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
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

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

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	2/27/23					
Tues	2/28/23					
Wed	3/1/23					
Thur	3/2/23					
Fri	3/3/23					
Sat	3/4/23					
Sun	3/5/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	3/6/23					
Tues	3/7/23					
Wed	3/8/23					
Thur	3/9/23					
Fri	3/10/23					
Sat	3/11/23					
Sun	3/12/23					
					Weekly Total	

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

Employee Signature:	Bi-Weekly Total:	
Guardian/Parent Signature:		

Pay Periods:	Pay Dates:
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
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

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**

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	3/13/23					
Tues	3/14/23					
Wed	3/15/23					
Thur	3/16/23					
Fri	3/17/23					
Sat	3/18/23					
Sun	3/19/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	3/20/23					
Tues	3/21/23					
Wed	3/22/23					
Thur	3/23/23					
Fri	3/24/23					
Sat	3/25/23					
Sun	3/26/23					
					Weekly Total	

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

Employee Signature: Bi-Weekly Total:

Guardian/Parent Signature:

Pay Periods:	Pay Dates:
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
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

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**

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	3/27/23					
Tues	3/28/23					
Wed	3/29/23					
Thur	3/30/23					
Fri	3/31/23					
Sat	4/1/23					
Sun	4/2/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	4/3/23					
Tues	4/4/23					
Wed	4/5/23					
Thur	4/6/23					
Fri	4/7/23					
Sat	4/8/23					
Sun	4/9/23					
					Weekly Total	

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

Employee Signature: **Bi-Weekly Total:**

Guardian/Parent Signature:

Pay Periods:	Pay Dates:
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
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

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: **4/10/2023** **4/23/2023**

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	4/10/23					
Tues	4/11/23					
Wed	4/12/23					
Thur	4/13/23					
Fri	4/14/23					
Sat	4/15/23					
Sun	4/16/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	4/17/23					
Tues	4/18/23					
Wed	4/19/23					
Thur	4/20/23					
Fri	4/21/23					
Sat	4/22/23					
Sun	4/23/23					
					Weekly Total	

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

Employee Signature: **Bi-Weekly Total:**

Guardian/Parent Signature:

Pay Periods:	Pay Dates:
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
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
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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

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**

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	4/24/23					
Tues	4/25/23					
Wed	4/26/23					
Thur	4/27/23					
Fri	4/28/23					
Sat	4/29/23					
Sun	4/30/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	5/1/23					
Tues	5/2/23					
Wed	5/3/23					
Thur	5/4/23					
Fri	5/5/23					
Sat	5/6/23					
Sun	5/7/23					
					Weekly Total	

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

Employee Signature: **Bi-Weekly Total:**

Guardian/Parent Signature:

Pay Periods:	Pay Dates:
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
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
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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
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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

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**			
Day	**Date**	**CLS-Time In**	**CLS-Time Out**	**RESPITE-Time In**	**RESPITE-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**	**CLS-Time In**	**CLS-Time Out**	**RESPITE-Time In**	**RESPITE-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:						

Pay Periods:	Pay Dates:
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
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