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: 8/28/2023 9/10/2023

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	8/28/23					
Tues	8/29/23					
Wed	8/30/23					
Thur	8/31/23					
Fri	9/1/23					
Sat	9/2/23					
Sun	9/3/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	9/4/23					
Tues	9/5/23					
Wed	9/6/23					
Thur	9/7/23					
Fri	9/8/23					
Sat	9/9/23					
Sun	9/10/23					
					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: **9/11/2023** **9/24/2023**

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	9/11/23					
Tues	9/12/23					
Wed	9/13/23					
Thur	9/14/23					
Fri	9/15/23					
Sat	9/16/23					
Sun	9/17/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	9/18/23					
Tues	9/19/23					
Wed	9/20/23					
Thur	9/21/23					
Fri	9/22/23					
Sat	9/23/23					
Sun	9/24/23					
					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: **9/25/2023** **10/8/2023**

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	9/25/23					
Tues	9/26/23					
Wed	9/27/23					
Thur	9/28/23					
Fri	9/29/23					
Sat	9/30/23					
Sun	10/1/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	10/2/23					
Tues	10/3/23					
Wed	10/4/23					
Thur	10/5/23					
Fri	10/6/23					
Sat	10/7/23					
Sun	10/8/23					
					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: 10/9/2023 10/22/2023

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

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	10/16/23					
Tues	10/17/23					
Wed	10/18/23					
Thur	10/19/23					
Fri	10/20/23					
Sat	10/21/23					
Sun	10/22/23					
					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: 10/23/2023 11/5/2023

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	10/23/23					
Tues	10/24/23					
Wed	10/25/23					
Thur	10/26/23					
Fri	10/27/23					
Sat	10/28/23					
Sun	10/29/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	10/30/23					
Tues	10/31/23					
Wed	11/1/23					
Thur	11/2/23					
Fri	11/3/23					
Sat	11/4/23					
Sun	11/5/23					
					Weekly Total	

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

Bi-Weekly Total:

Employee Signature:

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: 11/6/2023 11/19/2023

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

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	11/13/23					
Tues	11/14/23					
Wed	11/15/23					
Thur	11/16/23					
Fri	11/17/23					
Sat	11/18/23					
Sun	11/19/23					
					Weekly Total	

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

Bi-Weekly Total:

Employee Signature:

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: 11/20/2023 12/3/2023

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	11/20/23					
Tues	11/21/23					
Wed	11/22/23					
Thur	11/23/23					
Fri	11/24/23					
Sat	11/25/23					
Sun	11/26/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	11/27/23					
Tues	11/28/23					
Wed	11/29/23					
Thur	11/30/23					
Fri	12/1/23					
Sat	12/2/23					
Sun	12/3/23					
					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: 12/4/2023 12/17/2023

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	12/4/23					
Tues	12/5/23					
Wed	12/6/23					
Thur	12/7/23					
Fri	12/8/23					
Sat	12/9/23					
Sun	12/10/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	12/11/23					
Tues	12/12/23					
Wed	12/13/23					
Thur	12/14/23					
Fri	12/15/23					
Sat	12/16/23					
Sun	12/17/23					
					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: **12/18/2023** **12/31/2023**

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	12/18/23					
Tues	12/19/23					
Wed	12/20/23					
Thur	12/21/23					
Fri	12/22/23					
Sat	12/23/23					
Sun	12/24/23					
					Weekly Total	

Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:
Mon	12/25/23					
Tues	12/26/23					
Wed	12/27/23					
Thur	12/28/23					
Fri	12/29/23					
Sat	12/30/23					
Sun	12/31/23					
					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
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3/13/23 - 3/26/23	3/31/2023
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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