


**Coalition of Texans  
with Disabilities**  
 Consumer Directed Services Division

(Print) **EMPLOYER NAME:** \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ PH#: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 (Print) **EMPLOYEE NAME:** \_\_\_\_\_  
 Address: \_\_\_\_\_ PH#: \_\_\_\_\_  
 Email: \_\_\_\_\_

SERVICE PROVIDED:	PAS	RESPITE	PROTECTIVE SUPERVISION
CIRCLE ONE			

TIME SHEETS ARE DUE ON/BEFORE 11:59PM EVERY TUESDAY.  
LATE TIMESHEETS WILL BE PROCESSED ON THE NEXT PAY PERIOD.

**FAX TIMESHEETS TO** 512 236 1040  
**EMAIL TIMESHEETS TO** [TIMESHEETS@TXDISABILITIES.ORG](mailto:TIMESHEETS@TXDISABILITIES.ORG)

DAY OF WEEK	DATE	Time in	Time out	Time in	Time out	Total Time	Comments
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							

**Total Hours:**

I am aware of my authorized weekly hours per my HMO and I will stay within the approved number of hours.

By the employer and employee signing this document, both parties agree that these hours have been worked and the assigned tasks have been performed. BOTH EMPLOYER AND EMPLOYEE MUST SIGN THIS DOCUMENT.

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**REMEMBER>>>FRAUD>>> IT'S AGAINST THE LAW. YOU COULD LOOSE YOUR BENEFITS AND MORE.**  
 EMPLOYER; ARE YOU AUTHORIZING A BONUS ON THIS PAYCHECK?      NO      YES      \$