

Oceanside Supported Living Time sheet

(Time sheets are paid on the 10th and 25th of each month and **MUST** be filled out properly)
Phone 831-465-0400 Fax 831-465-0401 Email Linda@oceansidesls.com

Staff Name _____ **Pay Period (mark one) 1-15** _____ **OR 16-31** _____ **Month/Year** _____ / _____

Client Name: _____

Date															
Time In															
Time Out															
Total Hours															
Activity Code															

Activity Code 01 Direct Client Service (Anything to do with client: errands, overnights, cooking, etc.) **02** Other (Staff Meeting No direct service for client)

Total Hours _____

UCI #s: RA 6501597, DA5426358, JB 6804227, CC6906612, AC6806204, JC 6561278, PD6591969, JE 6400549, RE6574107, JF 6570528, MF6592137, LF 6516892, EG 5426101, MH 6522759, RH 6523278, RH 6523260, DM 5236575, SM 5451141, RN 5366661, MO 6593627, DP6540686, GP6598289, JP 6540447, JP 6542427, SR6565790, JS 5685086, KS 6548853, MW 6556971, FY6577323

Staff Signature _____ (For Oceanside Hours) **Date** _____