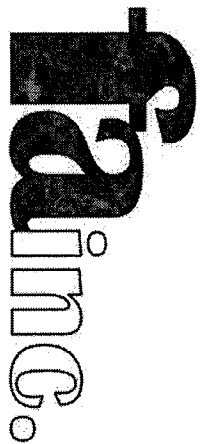


Bi-Weekly Time Record FA Employer Agent Program



Employee: _____ Employer: _____

Period Ending: _____

Day	Date	Supportive Home Care				Total
		Time In	Time Out	Time In	Time Out	
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total						

The above information is a true statement of hours worked in the pay period indicated

Employee Signature _____ Date _____ Employer Approval _____ Date _____