

# ACSD

Assistance for Children  
With Severe Disabilities

## TIMESHEET

Fax 972-8902

Contract # : \_\_\_\_\_

Support Worker Name: \_\_\_\_\_ Pay End Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Family Coordinator: \_\_\_\_\_

Dates Worked	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
Hours Worked Each Day														

TOTAL HOURS TO BE PAID : \_\_\_\_\_

**I hereby certify that the above hours were worked by me in accordance with the contract provisions.**

**TIMESHEETS ARE NOW DUE EVERY OTHER WEDNESDAY BY 4:00PM  
STARTING JANUARY 7<sup>TH</sup>, 2004**

\_\_\_\_\_  
(Signature of Support Worker) (Date)

\_\_\_\_\_  
(Approved by Family Respite Services) (Date)

\_\_\_\_\_  
(Signature of Parent / Legal Guardian of Client) (Date)

**Please Note:**

The parent or guardian must sign this form in order that the worker be paid.

**Family Respite Services**

3295 Quality Way, Unit 101A

Windsor, Ontario N8T 3R9

Phone: (519) 972-9688