

Employee Name: \_\_\_\_\_ Month: \_\_\_\_\_

<input type="checkbox"/>	1st Pay Period
<input type="checkbox"/>	2nd Pay Period

Consumer: \_\_\_\_\_ UCI: \_\_\_\_\_ Department: \_\_\_\_\_

**Regular Scheduled Hours (please indicate PTO)**

PTO:	Awake Support (6am-10pm)						Overnight Support 10pm to 6am				Morning after Overnight (if applicable)				
	DAY	Date	Start	End	Activity	Hours	DAY	Start	End	Hours	DAY	Start	End	Activity	Hours
	SUN						SUN				SUN				
	MON						MON				MON				
	TUE						TUE				TUE				
	WED						WED				WED				
	THU						THU				THU				
	FRI						FRI				FRI				
	SAT						SAT				SAT				
	SUN						SUN				SUN				
	MON						MON				MON				
	TUE						TUE				TUE				
	WED						WED				WED				
	THU						THU				THU				
	FRI						FRI				FRI				
	SAT						SAT				SAT				
	SUN						SUN				SUN				
	MON						MON				MON				
	TUE						TUE				TUE				
	WED						WED				WED				
	THU						THU				THU				
	FRI						FRI				FRI				
	SAT						SAT				SAT				

Total: \_\_\_\_\_ Total: \_\_\_\_\_

Awake + Morning after Overnight Totals: \_\_\_\_\_ Overnight Total Hours: \_\_\_\_\_ Office Use Only:

Sub or Training Shifts (please include sub-overnights)										Housemate hrs
Date	Start	End	Activity	Hours	Date	Start	End	Activity	Hours	Awake hours
										O/N hours
										Sub hours
										PTO
										Lead Staff
										Training Hrs
Sub or Training Total:										

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Facilitator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activity Descriptions:

Please use the following key in the activity description space on the other side to describe the activities you provided support in during your scheduled hours.

- AS Academic Support
- CO Community Outing
- E/P Event / Party
- HC Household chores
- IA Indoor Activities
- MA Medical appointment
- ME Meeting
- MP Meal Preparation
- ON Overnight support
- PC Personal Care
- PF Physical fitness
- VW Volunteer Work