Life By Design, Inc.

TIME SHEET COVER

Employee Name: _____

Pay Period From: _____ Thru: _____

Job Codes	# of Hours	Rate	Dept. #
Regular			
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
Holiday			
		@	
		@	
Overtime			
		@	
		@	
		@	
Training			
		@	/899
		@	/899
		@	/899
PTO			
		@	/899
		@	/899
		@	/899
Total Hours			
Stipends			
		@	
		@	
Total Stipends			

Travel Expenses	Other Expenses	Dept. #
$	$	
$	$	
$	$	
$	$	
$	$	
$	$	
$	$	
$	$	
$	$	
Total $	Total $	Total Expenses $

Job codes	Description
CS	* Community Supports (private pay)
FC	* Flexible Case Management
FS	* Family Services
HM	* Homemaker
IH	* In-Home
IH2	*Enhanced IH (formerly Specialist)
ILS	* Independent Living Services (CADI Wvr)
P	* Personal Supports (Including OK club)
RD & RD2	* Respite Daily Stipend (Enhanced=2)
RDH & RDH2	* Respite Daily Hourly (Enhanced=2)
RDS	* Respite Daily Sleep (combined with RDH)
RH, RH2, RHS	* Respite Hourly (Enhanced=2; S=Shared)
SED	* Supported Empl. Direct
SILS	* Semi Independent Living Services
SSB	* SLS Supplemental Hours - Billable
AN	Awake Overnight Hourly
CR	Coordination
ES	Employment Specialists - non-billable
RS	Rehab Services for flat rate contracts
SLS	Support Specialist in an SLS
SN	Sleep Overnight Hourly
SS	Support Specialists - non-billable, non-direct
ST	Sleep Stipend
TR	Trainer
A	Admin
D	Director
J	Janitorial
O	Officer
SA	Sales Associate

Primary Coordinator Approval Date

Primary Director Approval Date

*** Indicates billable hours**

(Rev. 08/28/08)