

## Night Supervision

Email to: [payroll@MyMRCI.org](mailto:payroll@MyMRCI.org)

Fax to: 1-888-800-7336

### MRCI-CDS Time Sheet *Please PRINT using black ink*

Employee's Name: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client Representative: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

2-Week Pay Period Night Supervision: Sun: \_\_\_\_\_ Sat: \_\_\_\_\_  
(mm/dd/year) (mm/dd/year)

Date	<b>FROM</b>	Hours	<b>TO</b>	Total Hours	
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____

Hourly rate: \$ \_\_\_\_\_

Total hours for the pay period \_\_\_\_\_

**Has the Client been in the Hospital, a Care Facility or Incarcerated during these two weeks?**  
**If so, please complete the following: Date in \_\_\_\_\_ Date out \_\_\_\_\_**

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***Acknowledgement and Required Signatures (not valid unless signed by both Parties):***

Review the completed time sheet for accuracy before signing. **It is a federal crime to provide false information on this timesheet.** Your signature verifies the time and services entered above are accurate. \*Night supervision is an awake service and workers are to provide active care continuously.

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_____	_____	_____	_____
<b>Employee Signature</b>	<b>Date</b>	<b>Client/Client Rep</b>	<b>Date</b>