



SENIOR COMPANION TIME SHEET

2020

TURN IN BY:

NAME: _____

DATE: _____

VOL. # _____

STATION: WHS WHS ALT SDHH&H

	Stipend Hours \$3.00/hr	COVID Hours \$3.00/hr	Training Hours \$3.00/hr	Holiday Hours \$3.00/hr	Leave Time \$3.00/hr	Client Initials	Meals Home \$1.75	Volunteer Miles \$0.41	Client Miles \$0.41	FOR OFFICE USE ONLY
M										STIPEND HOURS _____
T										COVID HOURS _____
W										TRAINING HOURS _____
Th										HOLIDAY HOURS _____
F										LEAVE TIME _____
S/S										LEADER HOURS _____
M										TOTAL HOURS
T										
W										MEALS _____
Th										VOLUNTEER MILES _____
F										CLIENT MILES _____
S/S										BUS PASS _____
M										OTHER (COVID phone) _____
T										TOTAL AMOUNT
W										\$ _____
Th										
F										
S/S										
M										
T										
W										
Th										SENIOR COMPANION _____ DATE _____
F										
S/S										
M										
T										
W										
Th										STATION REPRESENTATIVE _____ DATE _____
F										
TOTALS										SCP DIRECTOR _____ DATE _____

Please don't fill in totals

By signing this timecard you acknowledge that the amounts claimed are true, complete and accurately reflect service performed as a Senior Companion.

Heidi-(801) 625-3828

Nat-(801) 625-3774