

Foundations Group of MN, Inc. Timecard

(to be used for all Non-PCA Direct Care)

Employee Name: _____

Consumer Name: _____

Consumer
MA # or Date
of Birth: _____

Week 1							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dates of Service							
Time In							
Time Out							
Daily Hours							
Total:							

Week 2							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dates of Service							
Time In							
Time Out							
Daily Hours							
Total:							

Employee Signature Date

Supervisor Signature Date

**** Please use one form per Consumer and be sure to attach Daily Contact Record**