

# California Self-Directed Services

DSP

Semi-Monthly  
Time Sheet

Telephone/Fax 1-888-598-CSDS (2737) or Efax 805-856-0300

Check off below:

1st-15th

16th- end/mo.

Employee, first and last name: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

1st Pay	2nd Pay	Client Name	Time In/Time Out	Time In/Time Out	IHSS	Reg. Hours	OT Hours	Sick Hrs.	Total Hours
Sample	work day	Robert Brown	8 AM/12PM	1 PM/3PM	1	6			6
1	16								
2	17								
3	18								
4	19								
5	20								
6	21								
7	22								
8	23								
9	24								
10	25								
11	26								
12	27								
13	28								
14	29								
15	30								
XX	31								
				ColumnTotals:					

Grand Total Hours: \_\_\_\_\_

Employee Signature & Date \_\_\_\_\_

Sup. Initials & Date \_\_\_\_\_

I certify under penalty of perjury that the information I have entered above is true, accurate, and complete to the best of my knowledge. I understand that any false or incorrect information may result in disciplinary action and/or dismissal from employment with CSDS.