Easterseals New Jersey
Fiscal Management Services - Agency with Choice

Weekly TIME SHEET

17316

Dept # (budget xx-xxxxxx-mmdd-planid)

63-111111-0224-5

Authorized Weekly Svc Hours

Outcome	Service	Auth Hrs	Dates	Service
1	2	5	06/28/19 - 07/19/19	INDIVIDUAL SUPPORTS
3	4	2	06/28/19 - 06/30/20	TRANSPORTATION

Emp: MARK JOHNSON

Consumer: LESIA JONES

Emp #: *333333*

Please note In/Out day times:
Day (In) Starts at 12:00 am
Noon is 12:00 pm
Day (Out) Ends Midnight 12:00 am
Overnight shifts will require two daily entries.

Out 1 Svc 2 Hrs
Out 3 Svc 4 Hrs

MM / DD / YY	In	Out	Out 1 Svc 2 Hrs	Out 3 Svc 4 Hrs	Svc Strategy Code**	Code*
	: 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				

SAMPLE

Total Hrs Svc=> ========= =========

**** Service Strategy Codes**

ADL -	Activity of Daily Living	**OTJ** -	On the Job Support
ICP -	Increasing Community Participation	**LA** -	Learning Activities
II -	Increasing Independence		

NOTE on Above's Outcome-Svc Hrs
15 Minutes = .25 Hours 30 Minutes = .5 Hours 45 Minutes = .75 Hours

***Time Off Codes:**
P - Paid Time Off J- Jury Duty
B - Bereavement H - Holiday
Y - Holiday Worked
F - Floating Holiday

I certify that I have provided the services to the individual during the hours reported on this timesheet.

I certify that the individual has received the service hours as reported above.

17316

x
Employee Signature **Date**

x
Supervisor Signature **Date**

V: ENJ FIS 1.0

Easterseals New Jersey

Fiscal Management Services - Agency with Choice

Weekly TIME SHEET

35130

Dept # (budget xx-xxxxxx-mmdd-planid)

63-111111-0224-5

Authorized Weekly Svc Hours

Outcome	Service	Auth Hrs	Dates	
1	2	5	06/28/19 - 07/19/19	INDIVIDUAL SUPPORTS
3	4	2	06/28/19 - 06/30/20	TRANSPORTATION

Emp: MARK JOHNSON

Consumer: LESIA JONES

Emp #: *333333*

Out 1 Svc 2

Individualized Activity (I.A.)

Out 3 Svc 4

MM / DD / YY	I.A. Service Delivered:	I.A. Service Delivered:
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

SAMPLE

I certify that I have provided the services as reported on this timesheet.

x

Employee Signature Date

I certify that the individual has received the services as reported above.

x

Supervisor Signature Date

35130

V: ENJ FIS 1.0