



17316

Weekly TIME SHEET

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

[Empty box for department information]

Outcome: _____ Service: _____ Auth Hrs

Outcome: _____ Service: _____ Auth Hrs

Emp: Consumer

Emp #

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 _____ Out _____ Svc
 Svc _____ Svc _____ Strategy
 Hrs Hrs Code** Code*

| MM / DD / YY | In | Out | Hrs | Hrs | Code** | Code* |
|--|--|--|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> : <input type="text"/> <input type="radio"/> am <input type="radio"/> pm | <input type="text"/> : <input type="text"/> <input type="radio"/> am <input type="radio"/> pm | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> : <input type="text"/> <input type="radio"/> am <input type="radio"/> pm | <input type="text"/> : <input type="text"/> <input type="radio"/> am <input type="radio"/> pm | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> : <input type="text"/> <input type="radio"/> am <input type="radio"/> pm | <input type="text"/> : <input type="text"/> <input type="radio"/> am <input type="radio"/> pm | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> : <input type="text"/> <input type="radio"/> am <input type="radio"/> pm | <input type="text"/> : <input type="text"/> <input type="radio"/> am <input type="radio"/> pm | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> : <input type="text"/> <input type="radio"/> am <input type="radio"/> pm | <input type="text"/> : <input type="text"/> <input type="radio"/> am <input type="radio"/> pm | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> : <input type="text"/> <input type="radio"/> am <input type="radio"/> pm | <input type="text"/> : <input type="text"/> <input type="radio"/> am <input type="radio"/> pm | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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DRAFT 6/29/2017 F/S (Face) with Page 2 with Locations

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

Total Hrs Svc=>

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





Weekly TIME SHEET

35130

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

[Empty box for department information]

| | | |
|----------------|----------------|-------------------------------|
| Outcome: _____ | Service: _____ | Auth Hrs <input type="text"/> |
| Outcome: _____ | Service: _____ | Auth Hrs <input type="text"/> |

Emp:

Consumer

Emp #

1-Char Location Codes
 L-Live-In
 V-Virtual
 C-Community
 P-Place of Employment
 E-EVV

Out _____
Svc _____

Out _____
Svc _____

Individualized Activity (I.A.)

| | | |
|---|--|--|
| MM / DD / YY <input type="text"/> / <input type="text"/> / <input type="text"/> Location Code => <input type="text"/> | I.A. _____ Service Delivered: _____ | I.A. _____ Service Delivered: _____ |
| MM / DD / YY <input type="text"/> / <input type="text"/> / <input type="text"/> Location Code => <input type="text"/> | I.A. _____ Service Delivered: _____ | I.A. _____ Service Delivered: _____ |
| MM / DD / YY <input type="text"/> / <input type="text"/> / <input type="text"/> Location Code => <input type="text"/> | I.A. _____ Service Delivered: _____ | I.A. _____ Service Delivered: _____ |
| MM / DD / YY <input type="text"/> / <input type="text"/> / <input type="text"/> Location Code => <input type="text"/> | I.A. _____ Service Delivered: _____ | I.A. _____ Service Delivered: _____ |
| MM / DD / YY <input type="text"/> / <input type="text"/> / <input type="text"/> Location Code => <input type="text"/> | I.A. _____ Service Delivered: _____ | I.A. _____ Service Delivered: _____ |
| MM / DD / YY <input type="text"/> / <input type="text"/> / <input type="text"/> Location Code => <input type="text"/> | I.A. _____ Service Delivered: _____ | I.A. _____ Service Delivered: _____ |
| MM / DD / YY <input type="text"/> / <input type="text"/> / <input type="text"/> Location Code => <input type="text"/> | I.A. _____ Service Delivered: _____ | I.A. _____ Service Delivered: _____ |

DRAFT 6/24/2021
FIS (Pace) with Page 2 with Locations

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

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

35130

X _____
Employee Signature Date

X _____
Supervisor Signature Date

