



Provider Name: \_\_\_\_\_ (PRINT NAME)

Ratio \_\_\_\_\_ : \_\_\_\_\_

Client Name: \_\_\_\_\_ (PRINT NAME)

Month/ Year: \_\_\_\_\_

Date	Time In	Time Out	Service Type	Total Hours
	a.m.	a.m.		
	p.m.	p.m.		
	a.m.	a.m.		
	p.m.	p.m.		
	a.m.	a.m.		
	p.m.	p.m.		
	a.m.	a.m.		
	p.m.	p.m.		
	a.m.	a.m.		
	p.m.	p.m.		
	a.m.	a.m.		
	p.m.	p.m.		
	a.m.	a.m.		
	p.m.	p.m.		
	a.m.	a.m.		
	p.m.	p.m.		
	a.m.	a.m.		
	p.m.	p.m.		
	a.m.	a.m.		
	p.m.	p.m.		
	a.m.	a.m.		
	p.m.	p.m.		
	a.m.	a.m.		
	p.m.	p.m.		

**Total Hours:**

- ◆ Time Sheets will not be processed without both the signatures at the bottom
- ◆ Time entries must be rounded off to the nearest Quarter hour
- ◆ Parent/Guardian must initial mistakes or mark-outs
- ◆ Only fill in dates/times that you have worked

Provider's Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Parent/ Guardian's Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_