

**EMPLOYEE TIMESHEET**

**PAYROLL/SERVICE NOTE**

EMPLOYEE: \_\_\_\_\_ Employer: \_\_\_\_\_  
Print Full Name Print Full Name

Pay Period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Support Coordinator/Agency: Bay Arenac Behavioral Health \_\_\_\_\_  
(Sunday through Saturday)

\*Task performed during shift/check if done.

H0038 Cert. PEER SS	H0038A1 PEER SUPPORT BROKER	DATE	START TIME	AM/PM	STOP TIME	AM/PM	HOURS	MEAL PREP	LAUNDRY	HOUSEHOLD CARE	EATING	BATHING/ HYGIENE	DRESSING	SHOPPING	MED ASSISTANCE	MONEY MTG.	COMMUNITY ACTIVITY	RELATIONSHI P BUILDING	JOB DEVELOPMENT	RECOVERY ACTIVITY
TOTAL HOURS							➔													

\*I certify that I have worked the hours shown on this sheet on the days indicated and that this timesheet has been authorized by the person(s) I work for or their representative.

Employer or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Service Notes:**