

EMPLOYEE TIMESHEET

PAYROLL/SERVICE NOTE

Day of Week: _____ Date: _____

Pay Period: ___ / ___ / ___ To ___ / ___ / ___
(Sunday through Saturday)

Support Coordinator/Agency: Bay Arenac Behavioral Health _____

*Task performed during shift/check if done.

| CLS CODE H2015 | RESPIRE CODE T1005 | TIME IN Circle A (am) or P (pm) | TIME OUT Circle A (am) or P (pm) | TOTAL | Consumer Name: | Consumer Name: | Consumer Name: | MEAL PREP | LAUNDRY | HOUSEHOLD CARE | EATING | BATHING/ HYGIENE | DRESSING | SHOPPING | MED ASSISTANCE | MONEY MTG. | COMMUNITY ACTIVITY | RELATIONSHIP BUILDING |
|-------------------|-----------------------|--|---|-------|-----------------|-----------------|-----------------|-----------|---------|-------------------|--------|---------------------|----------|----------|-------------------|------------|-----------------------|--------------------------|
| | | | | | Employee Name ↓ | Employee Name ↓ | Employee Name ↓ | | | | | | | | | | | |
| | | A/P | A/P | | | | | | | | | | | | | | | |
| | | A/P | A/P | | | | | | | | | | | | | | | |
| | | A/P | A/P | | | | | | | | | | | | | | | |
| | | A/P | A/P | | | | | | | | | | | | | | | |
| | | A/P | A/P | | | | | | | | | | | | | | | |
| | | A/P | A/P | | | | | | | | | | | | | | | |
| | | A/P | A/P | | | | | | | | | | | | | | | |
| | | A/P | A/P | | | | | | | | | | | | | | | |
| | | A/P | A/P | | | | | | | | | | | | | | | |
| | | A/P | A/P | | | | | | | | | | | | | | | |

*If day is a holiday, mark "holiday" under the date to receive holiday pay if applicable.

*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 Signature: _____ Total Hours: _____

Consumer #1 Signature: _____

Employee Signature: _____ Total Hours: _____

Consumer #2 Signature: _____

Employee Signature: _____ Total Hours: _____

Consumer #3 Signature: _____

Employee Signature: _____ Total Hours: _____

Employee Signature: _____ Total Hours: _____

Employee Signature: _____ Total Hours: _____

Employee Signature: _____ Total Hours: _____

Additional Service Notes: