BEHAVIORAL HEALTH SERVICES (PV 50 & Clinic) TIMESHEETS 2020-2021 (use 07/01/20 - 06/30/21)

PRINT LAST NAME **PRINT** FIRST NAME SS#

Signature Position Rate Date

PUT MEETING TIMES AT BOTTOM OF SHEET BEFORE MATH SECTION.

LIST ALL HOURS FOR EACH DATE TOGETHER.

TIMESHEETS MUST BE HANDED IN EVERY TWO WEEKS.

USE DECIMALS NOT FRACTIONS. BSCs USE .25, .50, .75

TSSs AND MTs USE ONLY .50

CHECK THAT YOU DO NOT HAVE OVERLAPPING TIMES.

CALL OR EMAIL PATTI WITH ANY QUESTIONS

Stoltzfusp@cliu.org; 610-769-4111 ext.1254

Helping Children Learn

DATE (WEEK 1)	DAY	CLIENT'S INITIALS	START TIME am or pm	END TIME am or pm	TOTAL HOURS

PUT YOUR MEETING TIMES AT BOTTOM OF SHEET, ABOVE THIS MESSAGE!

DATE (WEEK 2)	DAY	CLIENT'S INITIALS	START TIME am or pm	END TIME am or pm	TOTAL HOURS

PUT YOUR MEETING TIMES AT BOTTOM OF SHEET, ABOVE THIS MESSAGE!

Position Rate $ X Contact Hours = TOTAL $

DO THE MATH!!

Meeting Rate $ X Meetings Hours = TOTAL $

Position Rate $ X Contact Hours = TOTAL $

DO THE MATH!!

Meeting Rate $ X Meetings Hours = TOTAL $

OFFICE USE ONLY DO NOT WRITE BELOW

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RECEIVED IN BUSINESS OFFICE:

SUPERVISOR VERIFICATION Budget Code PAID DATE: