

## Toward Maximum Independence Independent Living Services Time Sheet

CSF Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Case Manager: \_\_\_\_\_

*Guidelines: As non-exempt employees, all overtime must be pre-approved by your supervisor. Non-exempt employees may work up to 8 hours in a day and 40 hours in a week. The workweek is Sunday through Saturday. Employees cannot work more than six days consecutively.*

*Key: Job ID could be the consumer's name (Last, 1<sup>st</sup> initial) or any indirect time to include- travel time, paid break, sick, vacation, phone, and meetings.*

*Errors: Use a single line through the entry to signify that the entry is void. If you forget to add an entry, enter it in the next available line and place a star in the margin next to the date.*

Totals:

| <b>Names</b> | <b>POS Hours</b> | <b>1-15</b> | <b>16-31</b> | <b>Verification Initial 1-15</b> | <b>Verification Initial 16-31</b> |
|--------------|------------------|-------------|--------------|----------------------------------|-----------------------------------|
|              |                  |             |              |                                  |                                   |
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|              |                  |             |              |                                  |                                   |

|                                    |         |           |           |       |
|------------------------------------|---------|-----------|-----------|-------|
| 1 <sup>st</sup> -15 <sup>th</sup>  | Direct: | Indirect: | Vacation: | Sick: |
| 16 <sup>th</sup> -31 <sup>st</sup> | Direct: | Indirect: | Vacation: | Sick: |

*My signature indicates that this timesheet is a true and correct record of the hours I worked.*

\_\_\_\_\_  
CSF Signature

\_\_\_\_\_  
Case Manager Signature

Notes:









