



## Toward Maximum Independence Supported Living Personal Attendant Time Sheet

Staff Name: \_\_\_\_\_  
\_\_\_\_\_

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

Case Manager:

Client Name(s)	1 <sup>st</sup> -15 <sup>th</sup> Client Verification Initials	16 <sup>th</sup> -31 <sup>st</sup> Client Verification Initials

1 <sup>st</sup> -15 <sup>th</sup> Pay Period	
Total TMI Hours Billed:	
Total IHSS Hours Billed:	
Sick:	
Vacation:	
Meetings:	
Mileage:	
Cell:	

16 <sup>th</sup> -31 <sup>st</sup> Pay Period	
Total TMI Hours Billed:	
Total IHSS Hours Billed:	
Sick:	
Vacation:	
Meetings:	
Mileage:	
Cell:	

*My signature indicates that this time sheet is a true and correct record of the hours I worked. If there are any changes, or if my sleep routine has changed, it is my responsibility to notify my supervisor immediately and to submit a revised time sheet.*

*My signature also indicates that I have taken all of my required meal breaks during each shift.*

Staff Signature \_\_\_\_\_

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

Notes: