ACADIANA COMMUNITY BASED SERVICES

PAYROLL TIME SHEET

CLIENT'S NAME: _____

(Please Print Legibly)

SERVICE	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS	STAFF INITIALS

OFFICE USE ONLY	DAY	NIGHT	Training

REQUIRED SIGNATURES:

ALL PARTIES AGREE THAT THESE ARE THE CORRECT NUMBER OF HOURS WORKED.

PARENT / GUARDIAN / CLIENT: _____

EMPLOYEE: _____