



STAFF TIMESHEET Management Care Services • 2026

EMPLOYEE / CONTRACTOR	
CONSUMER / GROUP HOME	
WEEK OF	

SERVICE PROVIDED <i>Check</i>		
<input type="checkbox"/> ABA Therapy	<input type="checkbox"/> Psychosocial Rehab	<input type="checkbox"/> Residential Supports
<input type="checkbox"/> Training	<input type="checkbox"/> Day Supports	<input type="checkbox"/> Community Networking
<input type="checkbox"/> CLS	<input type="checkbox"/> Respite	<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Community LTS	<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Individual Support

DATE	DAY	TIME IN AM / PM	TIME OUT AM / PM	TIME IN AM / PM	TIME OUT AM / PM	TOTAL HOURS	SERVICE CODE
	Sunday						
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
WEEKLY TOTAL							

TIMESHEET ACKNOWLEDGMENT

My signature below confirms that I understand the following:

This timesheet is filled out **completely** and accurately, including the total hours worked, which must match the weekly documentation submitted.

To be processed, the timesheet must:

- Include the parent/consumer's signature.
- A **wet signature** from the guardian is needed.
- Days of the week, date, time, and total hours should be filled out in their entirety.
- Be free from whiteout, food stains, damage, or items in background.
- **Be submitted weekly, each Sunday by 2:00 PM.** Timesheets submitted after this deadline will be processed with the next payroll cycle.
- If an error is made, I will correct it by drawing a single line through the mistake — no whiteout or scribbling.

Employee's Signature _____

Supervisor's Signature _____

Parent / Consumer's Signature _____

Is this your only timesheet this week?

Yes No