

New Directions Time Sheet

Employee Name: _____ Pay Period: _____

Week One

DAY	DATE	TIME	TIME	# OF HOURS	SERVICE CODE	Employer's	TOTAL HOURS
		IN	OUT			Initials	
SUN							
MON							
TUES							
WED							
THUR							
FRI							
SAT							

WEEK ONE TOTAL HOURS

Week Two

DAY	DATE	TIME	TIME	# OF HOURS	SERVICE CODE	Employer's	TOTAL HOURS
		IN	OUT			Initials	
SUN							
MON							
TUES							
WED							
THUR							
FRI							
SAT							

WEEK TWO TOTAL HOURS

PAY PERIOD TOTAL HOURS

SERVICE CODES		EMPLOYER SUMMARY			
		SERVICE CODE	DEPT #	RATES	HOURS
SB	Support Broker				
RS	Respite				
X	CSLA I				
Y	CSLA II				
JC	Job Coach/CoWorker	TOTAL			
CL	Comm. Learning Svcs.				
EB	Emergency Back-Up	EMPLOYEE SIGNATURE: _____			DATE: _____
ED	Employ. Disc. & Cust.	EMPLOYER SIGNATURE: _____			DATE: _____
NS	Nursing Svcs.	EMPLOYER SIGNATURE: _____			DATE: _____
XR	CSLA I Retainer Fee	FMS SPECIALIST : _____			DATE: _____
YR	CSLA II Retainer Fee	FMS SPECIALIST : _____			DATE: _____