

Self Directed FMS Time Sheet

Employee Name: _____ Pay Period: _____

Week One

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

WEEK ONE TOTAL HOURS

Week Two

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

WEEK TWO TOTAL HOURS

PAY PERIOD TOTAL HOURS

SERVICE CODES		EMPLOYER SUMMARY			
	Description	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.	FMS SPECIALIST : _____			DATE: _____
XR	CSLA I Retainer Fee				
YR	CSLA II Retainer Fee				