



EMPLOYEE NAME: _____

Print Name
 (Notify office of all address changes for paycheck mailing)

Employee File # _____

Log all hours worked face-to-face with each individual on each ILS goal.
Please do not overlap times.

Day of the Week	Date (m/d/y)	Start Time	End Time	Total Hours	Community Access Miles**	Comments/Community Access Locations	Goal #	Goal #	Goal #	Goal #	Total Goal Hours	Admin - Meetings, Documt, Training
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
TOTALS:							TOTALS:					

Employee Signature*: _____

Supervisor Signature: _____

**My signature on this timesheet verifies that I have taken all required rest and meal periods, have notified the office of any work-related injuries and properly reported all suspected abuse or neglect. I understand that I must not work more than 5 hours straight without a 30min. break. I further understand that I must receive prior authorization from CISS to work more than 8 hours/day, 40 hours/week and that I cannot work 7 days in a row.*

***Community Access miles must be pre-approved by the ILS Program Supervisor, limited to 10 miles/day, and ONLY for staff on the approved driver's list. The agency will reimburse employees for bus passes required to conduct travel training if such training is pre-approved.*

Payroll Totals for Department 260:

Instruction	Admin Hours	Miles	Travel Time	OT	Sick