

Employee Name: _____ () CSW () BHP

Week Ending: ___/___/___

Day	Date	Client	Time In	Time Out	Total Hours Worked	Total Mileage Used
SUN	___/___/___		a/p	a/p		
			a/p	a/p		
MON	___/___/___		a/p	a/p		
			a/p	a/p		
TUE	___/___/___		a/p	a/p		
			a/p	a/p		
WED	___/___/___		a/p	a/p		
			a/p	a/p		
THUR	___/___/___		a/p	a/p		
			a/p	a/p		
FRI	___/___/___		a/p	a/p		
			a/p	a/p		
SAT	___/___/___		a/p	a/p		
			a/p	a/p		

Pay Period is from 12:01am Sunday to 11:59pm Saturday

Mail Time Sheets and Progress Notes in weekly to: PO BOX 220 Smithfield Me 04978
Must be Postmarked by Monday or dropped off by 9:00am Wednesday

Total Weekly Hours Worked:
Total Weekly Mileage:
Total Vacation Hours Requested:

I attest that the hours entered here are accurate and represent the actual hours that I worked with a client of
Aspire Behavioral Health & Counseling

PLEASE BE SURE TO SIGN ALL CLINICAL NOTES -- Employee Signature: _____