Participant Name_____ Pay Period From_____ to _____

TIME SHEET (based on data collection and case notes above)

Timesheet is due on the 16th and 1st of each month by 12:00 noon.

Type of service: PAB, HAB/SE *

**Signature indicates verification that the above hours were provided

DAY	Date	Service *	Time Start	Time End	Hours Worked	Signature of Participant, Guardian, or Representative**
Sun						
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						
Sun						
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						
Sun						
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						

Training Hours

Day										PC Signature
Hours										

PC or Office Manager Signature

DSW Print Name_____

DSW SIGNATURE_____ Date_____

Signature attests that above services were delivered.

PC Signature_____

Office Use Only:	**PTO**	initials
Total Hours:	**REG** **OT**	**M/T**

PTO Request: _____hours.

Kona: 79-7460 Mamalahoa Highway, Suite 212, Kealakekua, HI 96750 322-9333 FAX 322-9334
Hilo: 116 Keawe Street, Hilo, HI 96720 935-7699 FAX 935-7666