

Behavioral Health Direct Care Staff Time Sheet

Employee Name: _____ Check one: () CSW () BHP Week Ending: ___/___/___ () Non-Billable

Day	Date	Client	Time In	Time Out	Total Hours Worked	Total Mileage Used
Sat	___/___/___		a/p	a/p		
			a/p	a/p		
Sun	___/___/___		a/p	a/p		
			a/p	a/p		
Mon	___/___/___		a/p	a/p		
			a/p	a/p		
Tues	___/___/___		a/p	a/p		
			a/p	a/p		
Wed	___/___/___		a/p	a/p		
			a/p	a/p		
Thurs	___/___/___		a/p	a/p		
			a/p	a/p		
Fri	___/___/___		a/p	a/p		
			a/p	a/p		

Pay Period is from 12:01 a.m. Saturday to 11:59 p.m. Friday

Mail Time Sheets and Progress Notes in weekly to: **P.O. Box 220, Smithfield, ME 04978**
Must be Postmarked by Saturday (or dropped off by 9:00 a.m. Monday)

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 **also** sign corresponding progress notes Employee Signature: _____