

### Self Directed Services Bi-Weekly Timesheet

<i>Participant Name</i>		<i>Fl Agency:</i>	Trinity Assistance
<i>Self-hired Staff Name</i>	<i>Certified Setting:</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>Pay Period Ending:</i>	

**OFFICE USE ONLY**

Day	Date	IN	AM/PM	OUT	AM/PM	# HRS	SERVICE TYPE/ GROUP CH RATIO CLIENT INITIALS	CH 1:1	Grp CH	SEMP	Respite	INDIRECT
Mon		IN		OUT								
		IN		OUT								
Tue		IN		OUT								
		IN		OUT								
Wed		IN		OUT								
		IN		OUT								
Thu		IN		OUT								
		IN		OUT								
Fri		IN		OUT								
		IN		OUT								
Sat		IN		OUT								
		IN		OUT								
Sun		IN		OUT			<b>WEEK 1 TOTAL</b>					
		IN		OUT								

Mon		IN		OUT									
		IN		OUT									
Tue		IN		OUT									
		IN		OUT									
Wed		IN		OUT									
		IN		OUT									
Thu		IN		OUT									
		IN		OUT									
Fri		IN		OUT									
		IN		OUT									
Sat		IN		OUT									
		IN		OUT									
Sun		IN		OUT			<b>WEEK 2 TOTAL</b>						
		IN		OUT									
<b>TOTAL</b>													

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature (Client/Designee): \_\_\_\_\_ Date: \_\_\_\_\_