Metro Support Services
ATTENDANCE RECORD

Provider: ______________________________ **Month/Year:** ________________________

Resident Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Days Billed

Back-Up Provider Ser vices: ☐ No ☐ Yes, Date(s): Location:

Date(s): Location:

Pay Check: ☐ No ☐ Yes, Number of Pay Stubs: **Pay Stubs MUST be Attached!**

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Code:	
E=Enrollment Date	Blank=Client in Residence
B=Back-up Provider Services (BPS)	V=Vacation with Provider
H=Hospital	F=Family Visit
C=Camp	VO=Vacation with Other
I=Incarceration	T=Termination

Resident Name	Days Billed	Daily Rate	Amount Due
		Total Due:	

Signature/Title of Person Certifying Attendance: ______________________________ **Date:** ______________

G:\METRO SUPPORT SERVICES\Website Documents\ATTENDANCE-revised 11.2018.doc