**Pathways of SW PA**

**AWC Hourly Time Sheet**

Service (check only one):

**In-Home & Comm (W7060) Companion (W1726) Supported Employment –Assessment (W7235)**

**In-Home & Comm (2:1 – W7068) Homemaker/Chore (W7283) Supported Employment – Finding/Develop (H2023)**

**In-Home & Comm Enh (W7061) Supports Broker (W7096) Supported Employment – Coaching/Support (W9794)**

**In-Home & Comm Enh (2:1 - W7069) Respite – day (W9798) Respite – 15 min (2:1 – W9864)**

**Respite – 15 min (W9862) Respite – day (2:1 W9800) Respite – 15 min Enh (W9863)**

**Respite – 15 day Enh (W9799) Respite – 15 min Enh (2:1 – W8095) Respite – day Enh (2:1 – W9801)**

**Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consumer: \_** **\_\_\_\_\_\_\_\_\_\_**

**Pay Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County:**  **\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Week #1** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |  |
| **Date** |  |  |  |  |  |  |  |
| **In** |  |  |  |  |  |  |  |
| **Out** |  |  |  |  |  |  |  |
| **In** |  |  |  |  |  |  |  |
| **Out** |  |  |  |  |  |  |  |
| **In** |  |  |  |  |  |  |  |
| **Out** |  |  |  |  |  |  |  | **Total Hours Week #1** |
| **Total hours per day Week #1** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Week #2** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |  |
| **Date** |  |  |  |  |  |  |  |
| **In** |  |  |  |  |  |  |  |
| **Out** |  |  |  |  |  |  |  |
| **In** |  |  |  |  |  |  |  |
| **Out** |  |  |  |  |  |  |  |
| **In** |  |  |  |  |  |  |  |
| **Out** |  |  |  |  |  |  |  | **Total Hours Week #2** |
| **Total hours per day Week #2** |  |  |  |  |  |  |  |  |
| My signature certifies that I received/provided service listed above. I understand that payment for this service will | | | | | | | |  |
| be from Federal and State funds, and that any false claims, statements, documents or concealment of material facts may be prosecuted under applicable Federal and State Laws. | | | | | | **Total Hours** | |  |

**Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Managing Employer Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AWC Director Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (12/2014 ly)**