

**Pathways of SW PA  
AWC Hourly Time Sheet**  
\*EVV/CELLTRAK TRAINING ONLY\*

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

Pay Period: \_\_\_\_\_ to \_\_\_\_\_ County: \_\_\_\_\_

Week #1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
In								
Out								
In								
Out								
In								
Out								<b>Total Hours Week #1</b>
Total hours per day Week #1								

Week #2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
In								
Out								
In								
Out								
In								
Out								<b>Total Hours Week #2</b>
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 \_\_\_\_\_

AWC Director Approval \_\_\_\_\_ Date \_\_\_\_\_

(12/2014 ly)

\*AWC Director signature indicates review of times in the training module online