SBS
Timesheet
Print Please

Name/Position: _____QP AP PP (Circle One)

Date: _____Supervisor: _____

Pay Period _____Employee Signature_____

**Please Submit your notes with your timesheet (they must have same totals)*
**Staff must insure that clients are authorized to insure payments.*
**Employees are signing to validate service was rendered to DHHS standards*
**All notes are due every Monday by 5:00 PM/ All exceptions must be approved by Mr. Stallings*

Client(s)	**Totals**	**Non-Billed Hours/Comments**

Total Hours Billed: _____**Total Non-Billed Hours: _____ (trainings, etc.)

***Non-billed hours must be approved by Mr. Stallings before paid.*
***All QPs must bill 35 hours to get paid for 40 hours.*

Grand Total of Hours to be paid: _____