Behavior Technician Time Sheets

Please print clearly and use only black ink. All time sheets must be signed. Please fax (860-896-8335) or email (admin@oaiautism.com) your time sheets after your last shifts on the last day of the pay period. Late time sheets may result in late paychecks. Also, fill out separate timesheets for each client.

Staff Name: (Print)				Title: BX Tech
Clients Name:			_ Dates:	to
Activity: Session, Clinic, Training, etc.	Date	Shift time	Total Billable Hours (Sessions)	Total Non-billable hours (Training, Clinic)
Total Hours:				
I verify that these are all the hours I worked during this time period.				
Signature			Date:	