Staff Name: (*PRINT*) _____ Title: _____ Dates: _____ to _____

CHILD NAME: _____

Date	Shift Times	Non-billable times	Total Hours
Total Hours			

REMEMBER TIMESHEETS MUST MATCH YOUR SESSION NOTES!!!! ALSO NUMBER OF MINUTES DOES NOT EQUAL THE DECIMAL FOR HOURS. I.E. 1 hour 30 minutes is 1.5 hours, NOT 1.30 hours.

I verify that these are all the hours I worked during this time period.

Signature: _____ Date: _____