Phoenix Residential Services, Inc

Dream it, Live it !

TIME SHEET

413-A East Broadway
Sand Springs, OK 74063
918-245-1884

Employee Name: _____ **Title:** Professional Habilitation Training Specialist

Person Worked With: _____ **Home Dept#:** _____

Authorized Hours Per Week: _____ **Hours Used:** _____

Hours Left: _____

Monday-Sunday

Date	Start Time	End Time	Regular Hrs.	TRAINING hours	Total Hrs.
		WEEKLY TOTALS:			

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Time Sheet must be completed with black ink pen—no pencil
Due every other Monday as determined by pay schedule BY 12 NOON. Fax 245-0749 or email- lisa@phoenixresidential.org