

ILS BI-MONTHLY TIMESHEET



My Brothers' Keeper

E-mail: Timecards@136mbk.com

Fax: 952-746-5738

DATE			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
DAY OF WEEK																	
BEGIN DATE	END DATE	TIME IN															
		TIME OUT															
Please Signify AM or PM		TIME IN															
When Writing In/Out Times		TIME OUT															
		TIME IN															
		TIME OUT															
		Total Hours															

Training and/or Meetings																	
		TIME IN															
		TIME OUT															
		TIME IN															
		TIME OUT															
		Total Hours															

Print Employee Name	<p>Office Use Only</p> <p>After the ILS Staff has documented his/her time and activity, the staff must draw a line through any dates and time he/she did not provide ILS services. Review the completed timesheet for accuracy before signing. It is a federal crime to provide false information on ILS billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and the services are performed as specified in the CSSPA.</p> <p>(Hours in excess of 40 hours in a week (Sunday through Saturday) must be authorized by My Brothers' Keeper in advance)</p>
Employee Signature	
Print Recipient/RP Name	
Supervisor Signature	