

ILS BI-MONTHLY TIMESHEET



My Brothers' Keeper

E-mail: Timecards@136mbk.com

Fax: 952-746-5738

DATE			16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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

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

Print Employee Name

Office Use Only

Employee Signature

Print Recipient/RP Name

Supervisor Signature

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.

(Hours in excess of 40 hours in a week (Sunday through Saturday) must be authorized by My Brothers' Keeper in advance)