**KMS Staff Name (print):**  **Client(s) Full Name Served**:

**Provider Agency Served:** **Program/School Name & Address:**

**Select:** **❒**  **TSS: ❒ Home Case ❒ BHRS-Indv. ❒ STS-Group**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time In** | **Time Out** | **Break** | **Total Hours**  **Worked** | **Program / Shift Supervisor Approval Signature \*\*** |
| **Saturday**  **/ /** |  |  |  |  |  |
| **Sunday**  **/ /** |  |  |  |  |  |
| **Monday**  **/ /** |  |  |  |  |  |
| **Tuesday**  **/ /** |  |  |  |  |  |
| **Wednesday**  **/ /** |  |  |  |  |  |
| **Thursday**  **/ /** |  |  |  |  |  |
| **Friday**  **/ /** |  |  |  |  |  |

**\*\*Signature confirms that all services, as recorded above, were provided and accurate. All hours are approved for payment.**

**\*\*Authorized Client Signature:**

**My signature below certifies that the days and times indicated on this time sheet are true and correct.**

**Contractor Staff Name (printed):**  **Contractor Signature:**

***KMS Administration Only***

|  |  |  |  |
| --- | --- | --- | --- |
| **Hours** | **Pay**  **Rate** | **RU#** | **Bill**  **Rate** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KMS Payroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Authorized Signature)