TRANSITIONS Provider Timesheet

IMPORTANT DEADLINE

ALL EMPLOYEEES: TIMESHEETS ARE DUE 3
BUSINESS DAYS BEFORE PAYDAY BY 1:00 PM.

TRANSITIONS

17018 S. 26th Street Phoenix, AZ 85048 Office: 480-940-7915 FAX: 480-940-8822

EMAIL: dawn_transitions@msn.com **NOTE**: PLEASE CALL TO CONFIRM FAXES

OR YOU MAY NOT GET PAID TILL FOLLOWING PAYDAY

Employee Name: Print Full Name Month: Apr 2011 Pay Day: X 1st

Client Name: **JOHN DOE**

Date	* Service	Start Time	End Time	Hours/Day	Guardian/ Client Full Signature
4/1/11	RSP	1:00PM	2:15PM	1.25	Signature
4/1/11	НАН	2:15PM	4:00PM	1.75	Signature
4/3/11	RSP	8:00AM	10:30AM	2.50	Signature
4/6/11	RSP	8:00AM	10:30AM	2.50	Signature
4/8/11	ANC	8:00AM	11:00AM	3	Signature
4/9/11	RSP	9:00PM	12:00AM	3	Signature
4/10/11	RSP	12:00AM	5:00AM	5	Signature
4/11/11	RSP	7:00AM	10:30AM	3.50	Signature
4/11/11	НАН	10:30AM	2:15PM	3.75	Signature
4/12/11	AFC	2:00PM	5:15PM	3.25	Signature
4/15/11	AFC	7:45AM	10:45AM	3	Signature
			TOTAL HOURS	32.5	

* SERVICES

- **HAH (Habilitation)
- AFC (Attendant Care Family)
- ANC (Attendant Care Non-Family)
- RSP (Respite),

** MONTHLY PROGRESS REPORTS:

PLEASE SUBMIT HABILITATION AND ATTENDANT CARE REPORTS at the end of each month with timesheet

PAYCHECK	DELIVERY	CHECK	ONE FOR	THIS DAY	PERIOD)
PAILICELA	IJELIVERI	COPELAN	いれこ といた	IDISPAI	PERKINI

- X U.S. MAIL
- □ PICKUP at TRANSITIONS office
- □ DIRECT DEPOSIT

NOTE:	Falsification of this time sheet may be
	cause for dismissal from the program.
	Illegible, incomplete or late submission
	of time sheet WILL delay payment.

FOR TRA	NSITIONS USE ONLY
EXCEL TDD DDD REVIEW	

Provider Signature:	Sign Full Name	Date:	4/15/2011	
Provider Signature	<u> </u>	Date	<u>4/ 13/2011</u>	