

NATURAL FREEDOM, INC.

SEMI-MONTHLY TIMESHEET

Employee Name _____

EMPLOYEE PHONE NUMBER _____

Consumers FIRST & LAST Name _____

DATE include Month, Day & Year	Day of the week	Circle type of service	Time IN include a.m., p.m. or M for midnight	Time OUT include a.m., p.m. or M for midnight	Total hrs for this day and service	Guardian confirms employee worked the hours written and provided the service circled. CLS hours must be used to work on goals in the Plan of Service. Guardian's Signature below.	DATE guardian signed, include month, day & year
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TOTAL HOURS:

TYPE OF SERVICE:

- CLS** Community Living Support is used to increase or maintain self-sufficiency working towards goals in Plan of Service.
- Respite** Respite is provided on a short-term basis to provide relief to the unpaid primary caregiver. Respite activities do not have to be linked to a certain Plan of Service goal.

Employee Signature Date

FOR OFFICE USE ONLY		
Guardian Signature Verified:		TOTAL HOURS APPROVED TO PAY
Authorization Verified:		
Sufficient Notes Verified:		
Hours Calculated:		
Approved By:		