

## Arizona Bridge to Independent Living (ABIL) **DD** Direct Support Professional Timesheet

**USE BLACK INK ONLY** 

Do not use white out and/or cross out information.

**DEADLINE: MONDAY - 12 NOON** INCLUDING HOLIDAYS FAX: 602-296-0505

Distribution: ABIL Payroll, Consumer file

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Pay Period / Year:			/ 20		<u> </u>	
Employee Name: _		Employee ID:				
Consumer Name: _		Employee Daytime phone:				
Consumer DDD AS	SSIST No					
Number of hours aut	horized <u>weekly</u> :	Attendant Care		Habilitation		Respite
PAYROLL CLERK A-G (602) 296-0546 H-N (602) 296-0516 O-Z (602) 296-0506		Before submitting time  Employee ID#  Employee Signat  Consumer Signatur		ard check to ensure you entered:  ✓ Dates, hours, total hours ✓ Employee phone Number		Responsible Person's Initials
Date	Time In	Time Out	A. Care	HAH	RSP	<b>—</b>
Date	AM/PM	AM/PM	1-1	1-1	1-1	
Totals -						
Notes or concerns						
Responsible Person's Signature:				Date:_		
Attendant Signature:  Do not initial and/or sign until after services have been provided. By signing, the p						

Billing document must be legible and accurate for payment to be made. Services can only be provided to the individual listed on the authorization form. Arizona Bridge to Independent Living (ABIL) is not responsible to pay for services provided in excess of those authorized for this individual. Use black ink only. Do not use white out and/or cross out information.