

**BI-WEEKLY TIME SHEET-OPTION TWO  
PERSONAL ASSISTANCE SERVICES PROGRAM**

\_\_\_\_\_  
EMPLOYEE NAME                                  SOCIAL SECURITY #                                  WEEKS ENDING

\_\_\_\_\_  
PARTICIPANT NAME                                  PIN #                                  WEEKLY CMP HOURS

DATE	TASKS PERFORMED	HOURS	TIME-IN TIME- OUT	DATE	TASKS PERFORMED	HOURS	TIME-IN TIME- OUT
SAT				SAT			
SUN				SUN			
MON				MON			
TUES				TUES			
WED				WED			
THURS				THURS			
FRI				FRI			
	<b>WEEK ONE TOTAL</b>				<b>WEEK TWO TOTAL</b>		

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
EMPLOYER SIGNATURE

\_\_\_\_\_  
CAU APPROVAL

TIME SHEETS ARE PERMANENT RECORDS AND SHOULD BE FILLED OUT COMPLETELY IN INK.FAXES AND COPIES ARE NOT ACCEPTABLE.