

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

EMPLOYEE NAME XXX-XX-_____
SOCIAL SECURITY # WEEKS ENDING

PARTICIPANT NAME				PIN#			
DATE	TASKS PERFORMED	HOURS	TIME-IN TIME-OUT	DATE	TASKS PERFORMED	HOURS	TIME-IN TIME-OUT
SAT				SAT			
SUN				SUN			
MON				MON			
TUE				TUE			
WED				WED			
THUR				THUR			
FRI				FRI			
	WEEK ONE TOTAL				WEEK TWO TOTAL		

EMPLOYEE SIGNATURE

EMPLOYER SIGNATURE

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

CAU APPROVAL

MAIL TO: CAU, P.O. BOX 905, ELIZABETH, NJ 07207