THE FRANCIS FOUNDATION, INC.

EMP Name (Print): _____

TIME SHEET

Pay Period – Fr: ___/___/_____ **To:** ___/___/_____

Code Key:

SC = ***Service Coordination***
TC = ***Training/Consultation***
IT = ***Individual Therapy*** *(psychotherapy)*
BS = ***Behavioral Services***
VS = ***Vocational Support Services***
CS = ***Community Support Services***
ECS = ***Emergency Crisis Services***
CPD = ***Scheduled Weekday Crisis Pager***
CPW = ***Scheduled Weekend/Holiday Crisis Pager***
CCR = ***Consumer Crisis Response After-hours***

Time off: ***PB=Personal Business*** ***PI= Personal Illness*** ***VA= Vacation*** ***DIF: Death in Family*** ***HD= Holiday***

(Work Day Record) *(Service Record)*

DATE	TIME IN	TIME OUT	TOTAL HOURS	CODE	SERVICE HOURS	CONSUMER INITIALS	SERVICE DESCRIPTION
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Signed _____ **Date** __/__/_____ **App'd** _____ **Date** __/__/_____

THE FRANCIS FOUNDATION, INC.

(Work Day Record)				*(Service Record)*			
DATE	**TIME IN**	**TIME OUT**	**TOTAL HOURS**	**CODE**	**SERVICE HOURS**	**CONSUMER INITIALS**	**SERVICE DESCRIPTION**
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