TSS Weekly Time Sheet

Name of TSS:_____

Service Week: Saturday, _____ to Friday, _____

DATE OF SERVICE	CLIENT NAME (FIRST AND LAST)	START TIME	END TIME	START TIME	END TIME	TOTAL HOURS	TRAVEL TIME	SERVICE CODE	HOME OR SCHOOL
					TOTALS:				

CLIENT NAME (FIRST AND LAST)	WEEKLY AUTHORIZATION (HOURS)	WEEKLY SERVICES PROVIDED (HOURS)	REASON CODE (IF NECESSARY)

TSS Signature: _____

Service Codes

1 = TSS

2 = Probationary TSS

3 = On-Site Supervision

4 = Non-Billable Service

For CCRES Use Only

_____ Supervision Hours

_____ Probationary TSS Hours

_____ TSS Hours

_____ Total Travel Time

_____ Total Training Hours

Pay Date: _____