

**LIFE PATTERNS
T. A. WAIVER TIMESHEET**

INDIVIDUAL RECEIVING SERVICE: _____

NAME OF PERSONAL SERVICE ASSISTANT: _____

MONTH: _____ **YEAR:** _____ **ID#:** _____

DATE	START	STOP	START	STOP	DAILY TOTAL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
PAY PERIOD TOTAL					_____

PSA SIGNATURE

PARENT/GUARDIAN SIGNATURE

**PLEASE NOTE: All times must include AM or PM.
Fax (785-273-3816) or mail within 3 days after pay period ends.
This pay period will be paid on the 1st of the following month.**

**LIFE PATTERNS
T. A. WAIVER TIMESHEET**

INDIVIDUAL RECEIVING SERVICE: _____

NAME OF PERSONAL SERVICE ASSISTANT: _____

MONTH: _____ **YEAR:** _____ **ID#:** _____

DATE	START	STOP	START	STOP	DAILY TOTAL
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
PAY PERIOD TOTAL					_____

PSA SIGNATURE

PARENT/GUARDIAN SIGNATURE

**PLEASE NOTE: All times must include AM or PM.
Fax (785-273-3816) or mail within 3 days after pay period ends.
This pay period will be paid on the 15th of the following month.**

