



Contractor Service Sheet

Week Ending (Friday): 2/26

TSS PCA Residential Other _____

KMS Staff Name (print): Johnny Appleseed Client (s) Served: A.L.

Agency Served: Elwyn (This will never be KMS) Program / Site Address: Sarah's Head Start

LEAVE BLANK → Select: TSS: Home Case BHRIS-Indv STS-Group

Date	Time In	Time Out	Break	Total Hours Worked	Program / Shift Supervisor Approval Signature **
Saturday / /					
Sunday / /					
Monday 02/22/16	8 am	3 pm		7	Supervisor Signature HERE
Tuesday 02/23/16	8 am	3 pm		7	Supervisor Signature HERE
Wednesday 02/24/16	8am	3pm		7	Supervisor Signature HERE
Thursday 02/25/16	8am	3pm		7	Supervisor Signature HERE
Friday 02/26/16	830am	3pm		6.5	Supervisor Signature HERE

**Signature confirms that all services, as recorded above, were provided and accurate. All hours are approved for payment.

**Authorized Client Signature: _____ Supervisor Signature HERE

My signature below certifies that the days and times indicated on this time sheet are true and correct.

Contractor Name (printed): Johnny Appleseed Contractor Signature: **JOHNNY APPLESEED**

KMS Administration Only

Hours	Pay Rate	RU#	Bill Rate

LEAVE BLANK →

Total Hours: _____

KMS Payroll: _____
(Authorized Signature)

It is the responsibility of the KMS Contractor to submit all documentation as required per assignment standards. Payment will be adjusted according to incomplete submissions of required documentation. TSS and STS staff do not need to obtain daily signatures. All other KMS staff must get a signature for each day worked for verification purposes.