



# Contractor Service Sheet

Week Ending (Friday): 2/26

TSS     PCA     Residential     Other \_\_\_\_\_

KMS Staff Name (print): Johnny Appleseed Client (s) Served (Full name): John Doe

Agency Served: (This will never be KMS) Program / Site Address: Frankford H.S.

Select:     TSS:     Home Case     BHRIS-Indv. (School 1on1)     STS-Group

Date	Time In	Time Out	Break	Total Hours Worked	Program / Shift Supervisor Approval Signature **
Saturday / /					LEAVE BLANK
Sunday / /					LEAVE BLANK
Monday 02/ 22 /16	8 am	3 pm		7	LEAVE BLANK
Tuesday 2/ 23 /16	8 am	3 pm		7	LEAVE BLANK
Wednesday 2/ 24 /16	8am	3pm		7	LEAVE BLANK
Thursday 2/ 25 /16	8am	3pm		7	LEAVE BLANK
Friday 2/ 26 /16	830am	3pm		6.5	LEAVE BLANK

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

\*\*Authorized Client Signature: LEAVE BLANK

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.