



Human Resources Department

**PERSONNEL TIME SHEET
BILLABLE SERVICES**

Name: _____ Month: _____ Year: _____

Title: _____

Department: **Clinical**, Clubhouse, Prevention, Administrative

Department Supervisor: Rick Rodriguez Period Covering: _____ to _____

Date	Time	Work Hours	Actual Billable Service Hours	Expected Billable Services Hours (5 per day)
		Total hours	billable	

Employee Signature

Supervisor signature

**Received by HR Department
Comments**

Action To Be Taken
 Pay Base Salary: _____
 Pay _____ Extra Hours= \$ _____
 Deduct \$ _____
Total \$ _____