



Arizona Autism United, Inc. (AZA United)
Time Sheet for Multiple Clients

Employee Name: _____ Type of Service: _____ Month/Year: _____

Name of Child A: _____ Name of Child B: _____ Name of Child C: _____

Instructions:

Please enter the type of service above that you are recording on this time sheet (Habilitation, Respite or Attendant Care). List the names of each child worked with simultaneously as A, B, or C. Place a check mark in each time entry for each child being served. Round each hour to the nearest 15 minutes. Circle AM or PM.

Date	Child A	Child B	Child C	Time In	Time Out	Hours Worked	Running Total	OFFICE USE		
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					
				AM PM	AM PM					

Signatures indicate services have been completed according to times entered and in compliance with specifications listed in the document titled "Service Conditions."

Employee Signature *Date*

Parent/Guardian Signature *Date*

Parent/Guardian Signature *Date*

Parent/Guardian Signature *Date*