Achieve Behavioral Associates, L.L.C.

Service Code: 048

Time Sheet

UCI#:

Staff Name:

☐ Non-Billable ☐ Supervision ☐ Training

Month of:

Year:

Total Hours of Services Provided:

Pay Period: 1 or 2

Date	Start Time	End Time	Total	Per Session Signature

An authorized signature myst be obtained at the end of every session. Forging signatures is against the company's policy and the law.

The information reported above is an acutal representation of the service provided to the indicated consumer.

My signature indicates that the information contained on this timesheet is true and accurate to the best of my knowledge.

Staff Signature