MONARCH INDEPENDENT LIVING SERVICES

Staff:_____ Pay Period: _____

Date:	8			9			10			11			12			13			14			15			Total
	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	
Name:																									
Name:																									
Name:																									
Name:																									
Name:																									
Name:																									
Name:																									
B/D																									
Mtgs. Call In																									
TOTAL																									

Please alphabetize and organize names the same on each side of the timesheet. Timesheet due on the 16th and 1st

_____ Staff Signature

_____ Director's Signature