Agency With Choice Family Support Employee Time Sheet

Mail to: Brookings Area Family Support
P.O. Box 8533
Brookings, SD 57006

Pay Period Start Date: _____ **Pay Period End Date: _____**

Employee Name: _____

Address: _____

City:_____ State:_____ Zip:_____

Name of Participant: _____

Date of Service	Type of Service	Time in	Time out	# of Hours	Hourly Rate

TOTAL_____

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct.

_____ _____

Provider signature **Date**

_____ _____

Participant/Guardian's signature **Date**