CO CDASS Program Timesheet FAX: PPL @ 1-866-741-2718				
			PAY PERIO	DD: O 1st O 2nd
Member: (Last Name, First Name)  Member ID:  Month:				
Foreign of the Maria First Name (		Year:	2 0	
Employee: (Last Name, First Name) Employee ID:  Service Types: 1/Blank CDASS - Standard 2 CDASS - Emergency 3 CDASS - Other				
4 HMK-LRP 5 Sick Lear  Sorvice Time In		Time Out Total Hours		
Day of Month	Service Type	H H : M M	H H : M M	H H : M M
		AM PM O O	AM PM O O	
		AM PM O O	AM PM O O	
		AM PM	AM PM	
		AM PM	AM PM 0 0	
		0 0 AM PM		
		AM PM O O		
		: AM PM O O	: AM PM O O	
		: AM PM O O	: AM PM O O	
		: AM PM O O	: AM PM O O	
		: AM PM O O	: AM PM O O	
		AM PM O O	AM PM O O	
		AM PM O O	: AM PM O O	
		AM PM O O	AM PM O O	
		AM PM O O	AM PM O O	
		AM PM O O	AM PM O O	
		AM PM O O	AM PM O O	
		AM PM O O	AM PM O O	
I certify and affirm that this timesheet is an accurate representation of services rendered by the named employee to the named supervisor.				
Misrepresentation or false statements may result in administrative penalties, criminal prosecution and/or termination from the CDASS program.				
Employee Signature:  Supervisor/AR Signature:				
Date://_2_0				



