Arizona Autism United, Inc. (AZA United)
5025 E Washington St, Suite 212
Phoenix, AZ 85034

Child Name: _____ Month/Year: _____

Employee Name: _____ Type of Service: _____

Instructions:

Please enter the type of service above that you are recording on this time sheet (Habilitation, Respite or Attendant Care). Use a separate time sheet for each service. Round each hour to the nearest 15 minutes. Circle AM or PM.

Date	Time In	Time Out	Hours Worked	Running Total
	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		
	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*

AZAUnited
a human service co-op

(602) 773-5773 [office]
(602) 273-9108 [fax]
www.AZAunited.org