

PIONEER YOUTH & ADULT COMMUNITY SERVICES

3030 South Main Street #400 Salt Lake City Utah 84115 Phone: (801) 474-2500 Fax: (801) 474-9117

PROCTOR TIME SHEET

Proctor Parent's Name

Client's Name

Month/Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

R-In Residence **V**-Visit (w/family, others) **R/V**-Same day **D**-Detention **A**-Awol **S**-Suspended from school **H**-Hospitalized **RP**-Respite
O-Others (write explanation below)

Others

Second Row is for THERAPY attendance only.

Time sheets need to be completed and turned in to our office by **noon of the last day of each month** for billing purposes. Should the last day fall on a weekend or non-working day, please make sure it is turned in by **noon of the last Friday of the month**. Failure to do so will result in delaying of your check until the 25th of each month.

Fax to: Pioneer Youth Services @ 801-474-9117 or E-mail to: leima@pioneeryouth.com

Employee Signature / Date