

Alabama Personal Choices TIME SHEET

FAX to: (860) 627-0330 or toll-free (888) 249-9998
MAIL to: P.O. Box 509, East Windsor, CT 06088-0509

Print First Name of Participant - Employer: <input style="width: 95%;" type="text"/>	Last Name of Participant - Employer: <input style="width: 95%;" type="text"/>
Employee First Name: <input style="width: 95%;" type="text"/>	Employee Last Name: <input style="width: 95%;" type="text"/>
Employee Mailing Address: <input style="width: 95%;" type="text"/>	
Employee City: <input style="width: 95%;" type="text"/>	State: <input style="width: 20px;" type="text"/> Zip Code: <input style="width: 40px;" type="text"/>
Employer Number: <input style="width: 40px;" type="text"/>	Employee Number: <input style="width: 40px;" type="text"/>
Week Ending: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>	

Day	Date Mo/Day/Yr	Time In	Time Out	Time In	Time Out	Total Hours for Day
Sat	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
Sun	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
Mon	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
Tues	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
Wed	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
Thur	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
Fri	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>

EMPLOYEE DAILY ACTIVITY CHECK LIST

	S	SU	M	T	W	TH	F		S	SU	M	T	W	TH	F
Bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Light Housework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dressing/Undressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Errands (shopping, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toileting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Taking Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder Routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowel Routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal Business (bill paying, written and phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobility Inside and Outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grooming/Hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Communication, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meal Preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I certify that the information supplied above regarding hours worked and activities performed is accurate:

Employee Name (Printed)	Employee Signature	Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
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I certify that this time sheet/activity check list was completed in full BEFORE I signed it and that the above information regarding hours worked and activities performed is accurate.

Employer Name (Printed)	Employer Signature	Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
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Please do NOT write
or stamp in this area

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