CHAMPLAIN COMMUNITY SERVICES WEEK 1

Employee Name: Pay Period Begins: Pay Period Ends:

							CO2	C04	H01				
Date	Start Time	End Time	Total Time	Person Served	Com/Soc 1:1 35, BO1	Com/Soc Not 1:1 35 BO2	Work Placement	Work Support	Home Supports	Case Mngm	Other	CTO	H

Total hours worked for week: _____

SIGNATURE OF EMPLOYEE _____ DATE _____ SUPERVISOR SIGNATURE _____ DATE_____

(CO2) **PLACEMENT** Services: All activities moving person toward employment. Job development, assistance w/applying for job, picking up applications, etc.
(C04) **WORK SUPPORT:** Support at paid job, job-coaching.