

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.