



**BHT TIMESHEETS FOR MARC
CENTER LOCATIONS!!!!**

Must be submitted by 10:00 a.m. Monday!

BEHAVIORAL HEALTH FAX: 480-444-7768

Your Name:	Week Ending Date: (Saturday)
Name of Healthcare Facility:	
Name of House, Floor, Unit, etc.	Position Title:

Day	Date	Start Time	Finish Time	Off Hours	Total Daily Hours
Sun					
Mon					
Tues					
Wed					
Thurs					
Fri					
Sat					
TOTAL HOURS					

WORKER MUST SIGN HERE **DATE**

**I certify that the hours shown above represent my total hours worked and that they were properly verified by the facility or an authorized representative

 Marc Center staff have verified that my paperwork/documentation is complete and accurate.

 If CHS staff worked more than 8 hours per shift, please explain above.

MARC CENTER STAFF SIGNATURE **DATE**

Note: Falsification of timesheets will result in termination. Illegible, incomplete information or late submission of time sheets WILL delay payment