

**LUZERNE INTERMEDIATE UNIT 18
BEHAVIORAL HEALTH PROGRAM**

Pay Period Ending _____

Date of Pay _____

Employee Signature

PRINT Employee Name

DATE	Client(s) Seen	Total Daily Hours
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Note: A Half Hour Break <u>Must Be</u> Taken After Each 5 Hours of Work.		Total: <input type="text"/>

Check One:

TSS @ \$17 hr

MT @ \$27 hr

BSC @ \$30 hr

ASSW @ \$17 hr

APPROVED BY:

Total Paid _____

Program Director

P/R Date _____