5730472716

Utah Division of Services for People with Disabilities
Time Sheet (UT DSPD)

EMPLOYEE NAME (LAST NAME, FIRST NAME)

EMPLOYEE ID

CLIENT NAME (LAST NAME, FIRST NAME)

CLIENT ID

By signing this form, I attest that services were delivered and received consistent with the Individual Service Plan and I have rendered and/or approved this payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws for any false claims, statements, or documents, or concealment of a material fact. Any misuse of funds may result in being fined or penalized, including but not limited to the repayment of claim. Collection costs or legal fees will be my responsibility.

Employee Signature Date Employer Signature Date

	SERVICE DATE (MM/DD/YY)	CHECK IN TIME	CHECK OUT TIME	SERVICE
A	/ /	: ○ AM ○ PM	: ○ AM ○ PM	
	*Comment:			
B	/ /	: ○ AM ○ PM	: ○ AM ○ PM	
	*Comment:			
C	/ /	: ○ AM ○ PM	: ○ AM ○ PM	
	*Comment:			
D	/ /	: ○ AM ○ PM	: ○ AM ○ PM	
	*Comment:			
E	/ /	: ○ AM ○ PM	: ○ AM ○ PM	
	*Comment:			
F	/ /	: ○ AM ○ PM	: ○ AM ○ PM	
	*Comment:			
G	/ /	: ○ AM ○ PM	: ○ AM ○ PM	
	*Comment:			
H	/ /	: ○ AM ○ PM	: ○ AM ○ PM	
	*Comment:			

The entire time sheet will be rejected if service lines are entered without having a corresponding completed comment.

Return toll-free by faxing WITHOUT COVERSHEET to (888) 539-6840 or mailing to Acumen at: 4542 E. Inverness Ave., Suite 210, Mesa, AZ 85206