



of Greater Sacramento

Life without limits for people with disabilities

CLASP Consumer Time Sheet

MONTH: _____ YEAR: _____

Consumer Name: _____

CLASP Instructor Name: _____

Instructor Signature: _____

Fill out one per consumer for each billing period per month.

Hours remaining for this period:			
Date	Consumer Signature	Time of Training	Total Hours
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
Unused hours this month:			