PUTNAM COUNTY COMPREHENSIVE SERVICES
630 Tennessee Street
Greencastle, IN 46135

Monthly Hours Available
_____

Consumer Name_____ Month:_____ Year:_____

This form will assist with monitoring the number of hours worked verses hours available. The remaining hours available balance at the end of the month should be as close to Zero as possible. Any questions please contact your coordinator.

Instructions: All staff should write in the date and amount of hours billed for each day. Please total each week and subtract the week total from the remaining hour total.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total	Hours Available
Date:_____	Date:_____	Date:_____	Date:_____	Date:_____	Date:_____	Date:_____		
Date:_____	Date:_____	Date:_____	Date:_____	Date:_____	Date:_____	Date:_____		
Date:_____	Date:_____	Date:_____	Date:_____	Date:_____	Date:_____	Date:_____		
Date:_____	Date:_____	Date:_____	Date:_____	Date:_____	Date:_____	Date:_____		
Date:_____	Date:_____	Date:_____	Date:_____	Date:_____	Date:_____	Date:_____		