LABBB COLLABORATIVE TIME SHEET					
Employee Name:				_	
Program:				_	
Specify Extended Service:				-	
Student Name:				-	
Town Serviced:				_	
Bill District (please cirle one):	YES	NO			
Date	Start Time	End Time	Total Hours	Hourly Rate	Total
TOTALS:					
Employee Print Name: Employee Signature:					
Director Print Name: Director Signature:					