



**The Arc.**

*For people with intellectual and developmental disabilities*

## AGENCY WITH CHOICE

### Employee Service Log

Franklin & Fulton Counties  
2314 Philadelphia Avenue  
Chambersburg, PA 17202  
Main Line: 717-264-4390  
Fax: 717-264-4390  
www.thearcoffranklinfultoncounties.com

Name of Employee: \_\_\_\_\_ Name of Consumer: \_\_\_\_\_

Pay Period: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Date of Service	Type of Service (In-home or out)	Hours of Service	Total Hours	Managing Employer Signature
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____

Total Hours of Service: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ (Agency Rate- Office use only) X \_\_\_\_\_ = \_\_\_\_\_

My signature certifies that I received/provided a service on the date(s) listed above. I understand that payment for these services will be from federal and state funds, and that any false claims, statements, documents, or concealment of material facts may be prosecuted under Federal and State Laws.

Signature of Employee: \_\_\_\_\_ Date \_\_\_\_\_

The completed form must be returned to The Arc by mail or by fax according to the bi-weekly payroll schedule. (Some exceptions apply: holidays, due date falls on a Saturday or Sunday) Paychecks will be available based on the Payroll schedule. If you have questions or concerns, please contact The Arc office.