TIMESHEET DUE MONDAY AT NOON

If submitted late or not in current pay period, timesheet will be paid out next pay cycle. Inaccurate or incomplete timesheets will be returned - may result in delay of payment. Not valid if Participant is admitted to hospital, nursing home, or long-term care Copy of submitted timesheet should be retained by both Worker and Representative.
$\qquad$ 1 / Worker Name (Print Full Name):

Participant Name (Print Full Name): $\qquad$
Revised Timesheet (Check if Applies):

| WEEK 1 |  | SHIFT 1 <br> AM or PM |  | SHIFT 2 <br> AM or PM |  | Staff Code <br> S | Staff Code <br> R, H, C, or T | Total <br> Per Day |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| DAY | DATE | TIME IN | TIME OUT | TIME IN | TIME OUT | \# of HOURS | \# of HOURS | \# of HOURS |
| Example | $1 / 1 / 2019$ | $11: 30$ AM | $12: 30$ PM | $1: 00$ PM | $4: 00$ PM | 1 | 3 (R) | 4 |
| Sunday |  |  |  |  |  |  |  |  |
| Monday |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |  |


| WEEK 2 |  | SHIFT 1 <br> AM or PM |  | SHIFT 2 <br> AM or PM |  | Staff Code <br> S | Staff Code <br> R, H, C, or T | Total <br> Per Day |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| DAY | DATE | TIME IN | TIME OUT | TIME IN | TIME OUT | \# of HOURS | \# of HOURS | \# of HOURS |
| Sunday |  |  |  |  |  |  |  |  |
| Monday |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |  |

## TOTAL HOURS BOTH WEEKS

Acknowledgement \& Required Approval: By signing below, you certify that this timesheet verifies the above hours are a true and accurate record, includes all time actually worked by the Worker during this time period, and that hours were not worked while the Participant was in a hospital or care facility. All hours were pre-authorized and approved by the Representative and I agree to maintain a copy of this timesheet for my records.

[^0]Submit to Payroll Department - Email: payroll@picsmn.org | Fax: 651-967-5061 | Mail: 1605 Eustis Street, St. Paul, MN 55108 Questions - Email: payroll@picsmn.org | Phone: 651-967-5060
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[^0]:    Worker Signature
    Date Signed
    Representative Signature
    Date Signed
    It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statues, sections 256B.0913, 256B.0915, 256B.092 and 256B.49. Under Fair Labor Standards Act, recordkeeping regulations, 29 CFR Part 516: Representatives are required to keep records including certain identifying information about Worker, timesheet, including total overtime for workweek and wages earned (must be accurate).

