

Worker Timecard



TIMECARD DUE MONDAY AT NOON

- If submitted late or not in the current pay period, the timecard will be paid out next pay cycle.
- Inaccurate or incomplete timecards will be returned, which may result in delay of payment.
- Not valid if Participant is admitted to hospital, nursing home, or long-term care.
- A copy of the submitted timecard should be retained by the Representative.

Staff Codes

- S - Staffing
- S2 - Shared Services 1:2
- S3 - Shared Services 1:3
- R - Respite
- H - Homemaker
- T - Training (IHS)
- NS - Night Supervision
- DR - Daily Respite
- RS - Remote Staff

Pay Period Dates: _____ / _____ / _____ to _____ / _____ / _____

Worker Name (Print Full Name): _____

Participant Name (Print Full Name): _____

Revised Timecard (Check if Applies):

WEEK 1		SHIFT 1 AM or PM		SHIFT 2 AM or PM		Staff Code S, S2, or S3	Staff Code R, H, C, or T	Total 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 AM	4:00 PM	1 (S)	3 (R)	4
Sunday		AM/PM	AM/PM	AM/PM	AM/PM			
Monday		AM/PM	AM/PM	AM/PM	AM/PM			
Tuesday		AM/PM	AM/PM	AM/PM	AM/PM			
Wednesday		AM/PM	AM/PM	AM/PM	AM/PM			
Thursday		AM/PM	AM/PM	AM/PM	AM/PM			
Friday		AM/PM	AM/PM	AM/PM	AM/PM			
Saturday		AM/PM	AM/PM	AM/PM	AM/PM			
OVERTIME MUST BE PRE-APPROVED BY LEAD AGENCY (more than 40 hours per week)							TOTAL HOURS PER WEEK	

WEEK 2		SHIFT 1 AM or PM		SHIFT 2 AM or PM		Staff Code S, S2, S3	Staff Code R, H, C, T, or F	Total Per Day
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	# of HOURS	# of HOURS	# of HOURS
Sunday		AM/PM	AM/PM	AM/PM	AM/PM			
Monday		AM/PM	AM/PM	AM/PM	AM/PM			
Tuesday		AM/PM	AM/PM	AM/PM	AM/PM			
Wednesday		AM/PM	AM/PM	AM/PM	AM/PM			
Thursday		AM/PM	AM/PM	AM/PM	AM/PM			
Friday		AM/PM	AM/PM	AM/PM	AM/PM			
Saturday		AM/PM	AM/PM	AM/PM	AM/PM			
OVERTIME MUST BE PRE-APPROVED BY LEAD AGENCY (more than 40 hours per week)							TOTAL HOURS PER WEEK	
							TOTAL HOURS BOTH WEEKS	

Acknowledgement & Required Approval: By signing below, you certify that this timecard 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 timecard for my records.

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 Statutes, 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, timecard, including total overtime for workweek and wages earned (must be accurate).

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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