

# Individualized Home Supports (IHS) PAID TIME OFF TIMESHEET

**TIMESHEETS DUE BY NOON ON MONDAY**

- 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.
- A copy of the submitted timecard should be retained by both Worker and Representative.

**Pay Period Dates:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **to** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Worker Name (Print Full Name):** \_\_\_\_\_

**Participant Name (Print Full Name):** \_\_\_\_\_

**Revised Timecard (Check if Applies):**

WEEK 1		SHIFT AM or PM		Staff Code P	Total Per Day
DAY	DATE	TIME IN	TIME OUT	# of HOURS	# of HOURS
EXAMPLE	1/1/2024	11:30 <input type="radio"/> AM <input type="radio"/> PM	3:30 <input type="radio"/> AM <input type="radio"/> PM	PTO	4
Sunday		AM/PM	AM/PM	PTO	
Monday		AM/PM	AM/PM	PTO	
Tuesday		AM/PM	AM/PM	PTO	
Wednesday		AM/PM	AM/PM	PTO	
Thursday		AM/PM	AM/PM	PTO	
Friday		AM/PM	AM/PM	PTO	
Saturday		AM/PM	AM/PM	PTO	
<b>TOTAL PTO HOURS PER WEEK 1</b>					

**Acknowledgement & Required Approval:**  
Signature of the Worker and Representative below indicates approval of PTO. By signing below, you certify that this timecard verifies the above hours are a true and accurate record.

\_\_\_\_\_  
**Worker Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Representative Signature**

\_\_\_\_\_  
**Date Signed**

WEEK 2		SHIFT AM or PM		Staff Code P	Total Per Day
DAY	DATE	TIME IN	TIME OUT	# of HOURS	# of HOURS
EXAMPLE	1/8/2024	11:30 <input type="radio"/> AM <input type="radio"/> PM	3:30 <input type="radio"/> AM <input type="radio"/> PM	PTO	4
Sunday		AM/PM	AM/PM	PTO	
Monday		AM/PM	AM/PM	PTO	
Tuesday		AM/PM	AM/PM	PTO	
Wednesday		AM/PM	AM/PM	PTO	
Thursday		AM/PM	AM/PM	PTO	
Friday		AM/PM	AM/PM	PTO	
Saturday		AM/PM	AM/PM	PTO	
<b>TOTAL PTO HOURS PER WEEK 2</b>					

*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).*

**TOTAL PTO HOURS BOTH WEEKS**