



STUART T. WILSON CPA, PC

CERTIFIED PUBLIC ACCOUNTANT
FISCAL INTERMEDIARY

Phone: (989) 832-5400

Fax: (989) 832-5404

Payroll@StuartWilsonFl.com

Payroll Period: Sunday ___/___/___ to Saturday ___/___/___

Employee Name: _____

Worked for (Employer): _____ Case Manager: _____ Phone #: (____) _____

Total Hours for the Week: _____

Page ____ of ____

NO PHOTOCOPIED SIGNATURES WILL BE ACCEPTED.

***Please use blue or black ink only**

TIMESHEETS MUST BE SUBMITTED WITHIN 7 DAYS OF DATE OF SERVICE IN ORDER TO BE REIMBURSED FOR PAYMENT

Day	Date	Time In A for (am); P for (pm)	Time Out A for (am); P for (pm)	Total	Service Code* CLS=H2015 Respite=T1005 Home Help-S5120	Meal Prep	Laundry	Household Care	Eating	Bathing	Dressing	Personal Hygiene	Med Admin	Money Mgt	Non-Medical Care	Community Activity	Relationship Building	Task	Goal	
		A	A																	
Narrative:																				
		P	P																	
Narrative:																				
		A	A																	
Narrative:																				
		P	P																	
Narrative:																				

I certify that I worked the hours shown on this sheet on the days indicated and that this timesheet has been authorized by the person I work for or their representative.

Employee signature: _____

Employer &/or Representative signature: _____

Phone #: _____