



STUART T. WILSON CPA, PC

CERTIFIED PUBLIC ACCOUNTANT
FISCAL INTERMEDIARY

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Region 7

Employee Timesheet

Payroll Period: ___/___/___ to ___/___/___

Page ___ of ___

Employee Name: _____ Phone #: (____) _____ Email _____

Worked for (Employer): _____ Case Manager: _____ *Please use blue or black ink only

Tasks (check if performed) THIS PART MUST BE FILLED OUT!

Day	Date	Time In Circle A (am) or P (pm)	Time Out Circle A (am) or P (pm)	Total	Service Code* CLS=H2015	Meal Prep	Laundry	House Care	Eating	Bathing	Dressing	Pers. Hygiene	Money Mgt	Non-Med Care	Comm. Activ.	Employee Initials	Employer Initials
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														
		A / P	A / P														

Total Hours for Pay Period: _____ *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: _____ Phone number: _____

Employer Signature: _____ Phone number: _____

And/or Representative
Signature: _____ Phone number: _____