

Waiver Employee Timesheet Training



- **Your timesheet should be filled out according to the pay period.**
 - Your pay period is always the 1st- 15th & 16th-30th/31st.
 - Indicate how many pages are included. For example, if you have two pages “Page 1 of 2” and on the second page “Page 2 of 2.”



- **This section must be filled out completely.**
 - You must include: your name, your employer’s name (the person you take care of), the case manager and your phone number.

NOTE: If there is a problem on your timesheet, we must have a current phone number in which to reach you. Also, ensure you have voicemail activated.



- **Day, date, time in/ time out, and total hours must be filled out for each shift you work.**
 - Time is recorded in 15 minute increments.
 - Midnight=12:00am. Noon=12:00pm.
 - If your shift goes past midnight, you must start another day.



- **A Service Code must be included for every shift.**
 - CLS= H2015
 - Respite=T1005



- **Check the boxes for what tasks you performed during your shift.**
- **Include any required service notes.**



- **Total all of your hours worked.**
 - If this is incorrect, we will adjust accordingly.



- **After you verify that all information is correct, you must sign your timesheet.**
 - Unsigned timesheets will not be processed.
 - No photocopied signatures.



- **Submit your timesheet to your employer (the person you take care of or their authorized representative) for review and sign.**
 - Unsigned timesheets will not be processed.
 - No photocopied signatures.

Employee Timesheet

Phone: (989) 832-5400
Fax: (989) 835-6208
waiverpayroll@stuartwilsonfi.com

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.	Service Notes:
		A/P	A/P													
		A/P	A/P													
		A/P	A/P													
		A/P	A/P													
		A/P	A/P													
		A/P	A/P													
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		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: _____