

Instructions for using DHS-Approved Timesheets

Timesheets are due Every Other Monday by 4:30pm. Timesheets received after that time may not be processed until the following payroll. Call 651-347-6071 if you have questions.

WEEK 1	SAT	SUN	MON	TUE	WED	THUR	FRI
Month/Day/Year	3/31/07	04/01/07	04/02/07	04/03/07	04/04/07	04/05/07	04/06/07
Time IN	8:30 am	8:30 am				12:00 am	
Time OUT	10 am	10 am				6:00am	
Time IN		4:30 pm			11:00 pm		
Time OUT		7 pm			12:00am		
Total Daily Hrs:	1.5	4			1	6	
Supports	Total WK 1 Hrs:						12.5
Dressing	JD	JD				JD	
Grooming	JD	JD					
Bathing	JD	JD					
Meal Prep	JD	JD				JD	
Transfers	JD	JD			JD	JD	
Mobility							
Positioning					JD	JD	
Bathroom	JD	JD			JD	JD	
Cleaning	JD	JD				JD	
Laundry						JD	
Health-Related	JD	JD			JD	JD	
Behavior							
Other							

You must indicate the month, the date and the year.

You must indicate actual time on the clock- use am & pm.

Place a line through all dates not worked

Total hours worked for each date.

Total hours worked for each week.

The consumer should place a line through any supports initiated that was not provided

PCA's must initial each box in which supports were provided each shift

Two Week Total:

How to turn in timesheets

Email: payroll@mcil-mn.org
Fax: 651-603-2036
In Person: Front Desk or Drop Box
Mail: MCIL
 530 Robert Street N
 St. Paul, MN 55101

Timesheets will be returned to PCA's if the required documentation is missing. THIS WILL DELAY processing of payroll.

Total hours worked for two weeks (Week 1 + Week 2)

PCA Notes:

(Ex: Hospitalization dates, vacation, etc.) PCA's may not bill for dates/times when the consumer is hospitalized.

This area is to be used for changes in routine cares, to indicate supports that qualify as 'other', and hospitalization dates.

BOTH PCA and Consumer need to print names to avoid payroll processing errors. Both PCA and Consumer also need to sign & date this section.

PAS Payroll Administrator will complete the shaded sections. Your timesheets will be date stamped when they are received.

Timesheets are due to our office by Monday at 4:30 pm.

Print PCA Name	Jane Doe	Provider #
PCA Signature/Date:	<i>Jane Doe</i>	
Print Consumer Name	Carol Smith	MA #
Consumer Signature/Date:		DOB
or Responsible Party	<i>Carol Smith</i>	
PAS Staff Signature/Date Rc'd Stamp:		