IN-HOME SUPPORTIVE SERVICES 1501 SOMETHING AVENUE, SACRAMENTO CA 90000

## IN-HOME SUPPORTIVE SERVICES (IHSS) INDIVIDUAL PROVIDER TIMESHEET

Record your daily hours and minutes

FIRST, LASTNAME 565 SOMETHING DR. SAN JOSE CA 95116-3439

Important Instructions

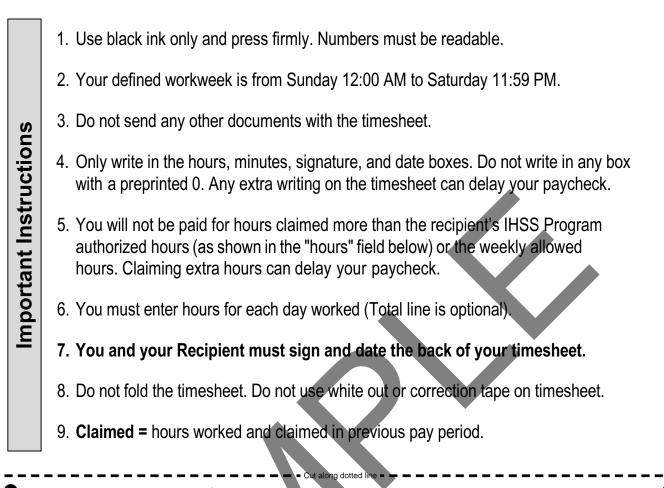
like these samples. Did not work 3 6 0 6 hours 30 minutes 4 4 5 4 hours 45 minutes 0 1 10 hours 2 1 1 5 Total

- 1. Use black ink only and press firmly. Numbers must be readable.
- 2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
- 3. Do not send any other documents with the timesheet.
- 4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
- 5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below) or the weekly allowed hours. Claiming extra hours can delay your paycheck.
- 6. You must enter hours for each day worked (Total line is optional).
- 7. You and your Recipient must sign and date the back of your timesheet.
- 8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.

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9. Claimed = hours worked and claimed in previous pay period.

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Provider #: 0000000				000	) Provider Name:						LASTNAME, FIRST								
Case #: 43 01 00				00000	00000 <b>Recipient Name</b> :				me: L	LASTNAME, FIRST									
Type: IHSS					Timesheet No:				No: 4	4000059138									
Pay From: 07/01/20				015	Pay To:				<b>To:</b> (	07/15/2015			Hours: 52:30						
Workweek #1					Wo	Workweek #2				<u>Workweek #3</u>			Workweek #4						
Claimed : 00:00 C					Clair	laimed : 00:00				Claimed : 00:00			Claimed : 00:00						
S	0	0	0	0	S 05	Н	Н	Μ	Μ	S 12	Н	Н	Μ	Μ	S	0	0	0	0
М	0	0	0	0	M 06	н	н	Μ	Μ	M 13	н	н	Μ	Μ	М	0	0	0	0
Т	0	0	0	0	T 07	Н	Н	Μ	Μ	T 14	Н	Н	Μ	Μ	Т	0	0	0	0
W 01	н	H	Μ	Μ	W 08	Н	Н	Μ	Μ	W 15	н	Н	Μ	Μ	W	0	0	0	0
T 02	н	H	Μ	Μ	T 09	Н	Н	Μ	Μ	Т	0	0	0	0	Т	0	0	0	0
F 03	Н	H	Μ	Μ	F 10	Н	Н	Μ	Μ	F	0	0	0	0	F	0	0	0	0
S 04	Н	Н	Μ	Μ	S 11	Н	Η	Μ	М	S	0	0	0	0	S	0	0	0	0
Total _					Total					Tota	I				Total				
Turn over and sign. →																			



Detach Instructions Before Mailing.

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

Recipient's Signature	Date	Provider's Signature	Date

Mail Detached Timesheet To:

IHSS Timesheet Processing Facility • PO Box 272862 • Chico, CA 95927-2862