

## TIMESHEET CHECK-LIST

- Is my legal name on the TS?
- Is my Employer's legal name on the TS?
- Did I fill-in the correct pay period with the correct start and end dates?  
*Example (See schedule for dates):*

Pay period Begins: (MM/DD/YYYY)

Pay period Ends: (MM/DD/YYYY)

07 / 10 / 2016

07 / 23 / 2016

- Did I fill-in the dates for the correct day of the week?  
*Example: July 9th is a Sunday - you would fill the first Sunday as 07/09*
- Do I have the correct service code(s) for each day worked?
- Did I review that all my hours are accurate?
- Did I use the correct 15 minute increments to record my work time?  
**15 min. = .25 | 30 min. = .50 | 45 min. = .75**
- Did I sign and date my TS?  
*Example: If the last day you worked was July 23rd - you would sign and date the TS as 7/23/yr.*
- Did my employer sign and date my TS?
- Did I make sure hours submitted are worked on or before the TS due date and signed date?
- Did I make sure the dates on the TS are for one pay period **ONLY** and do not cross with any other pay periods?
- Did I make sure I did **NOT** use white-out to make corrections?

**PLEASE NOTE:** Timesheets received that are missing any of the above information will be rejected and returned for correction. This may result in delay of payment.

Once all check boxes are checked, please submit your timesheet to Premier Financial Management Services.

## WHY E-TIMESHEETS?

- Eliminates the risk of filling your timesheet incorrectly.
- Timesheets will be processed faster!
- It's paperless! Go GREEN!
- Can be submitted on any device with an internet connection (home, work, or smartphone.)
- It is secure, confidential and can be accessed from any location at any time of the day, year round.

## MARKING INSTRUCTIONS

- Write in **BLACK** or **BLUE** ink only.
- Write as large and legible as possible without touching the sides of the boxes. **Do not write outside of the boxes.**

✗ NO	✗ NO	✓ YES
S H C	S H C	S H C
5 : 15	5 : 15	5 : 15

## COMMON SERVICE CODE ABBREVIATIONS

SERVICE TYPE	ABBREVIATIONS
Supportive Home Care - Routine	SHC
Supportive Home Care - Supervision	SS
Supportive Home Care - Companion Care	CC
Supportive Home Care - Chores	C
Supportive Home Care - Overnight	O
Personal Care	PC
Respite	R

## TIMESHEET SUBMISSION

### Mail:

P.O. Box 26001  
Milwaukee, WI 53226

### Email:

Timesheets@premier-fms.com

### Portal:

www.premier-fms.com

### Walk-in:

10425 W. North Ave, Suite 345  
Milwaukee, WI 53226

### Fax:

1-888-210-9660