

MY CHOICE FAMILY CARE WORKER TIMESHEET

Worker Name: _____

Participant Name: _____

Timesheet Submission

Mail: 10425 W. North Avenue, Suite 345 Milwaukee, WI 53226Email: MCFC@premier-fms.comFax: 1-855-712-7113

Pay period Begins: (MM/DD/YYYY)							
Day of Week	Service Date (MM/DD)	Time In	Time Out	Service Code	Time In	Time Out	Service Code
Sun		• O AM • PM	• O AM • PM		AM	AM	
Mon		• O AM • PM	AM • O PM		AM • O PM	AM • O PM	
Tue		AM • O PM	AM • O PM		AM • O PM	AM • O PM	
Wed		AM • O PM	AM • O PM		AM • O PM	AM • O PM	
Thu		AM • O PM	AM • O PM		AM • O PM	AM • O PM	
Fri		AM • O PM	AM O PM		AM	AM	
Sat		• O AM • PM	AM • O PM		AM • O PM	AM • O PM	
Sun		• O AM • PM	• O AM • PM		AM • O PM	AM • O AM • PM	
Mon		AM • O PM	AM • O PM		AM • O AM • PM	AM • O PM	
Tue		AM • O PM	AM • O PM		AM • O PM	AM • O PM	
Wed		AM • O PM	AM • O PM		AM • O PM	AM • O PM	
Thu		AM • O PM	AM • O PM		AM	AM • O PM	
Fri		AM • O PM	AM • O PM		AM • O PM	AM • O PM	
Sat		AM • O PM	AM • O PM		AM • O PM	AM • O PM	

The Participant/Guardian/POA and Worker certify that the information provided on this timesheet is a true and accurate statement of the services provided. The Participant/ Guardian/POA and Worker understand that payment for services provided are subject to payroll taxes.

Worker Signature: _____

Date: / / /

Participant/Guardian/POA Signature: ______

TIMESHEET CHECK-LIST

- \Box Is my Worker ID on the timesheet (TS)?
- □ 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
- Did I review that all my hours are accurate?
- Did I use the correct 15 minute increments to record my work time?
- 15 min. | 30 min. 45 min. 00 min.
- 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 participant 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.

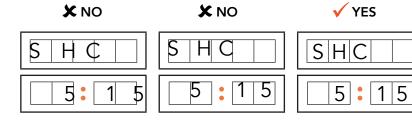
Once all check boxes are checked, please submit your timesheet to Premier Financial Management Services.

WHY E-TIMESHEETS?

- Eliminates the risk of filling your timesheet incorrectly. ٠
- Timesheets will be processed faster! ٠
- 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 ٠ 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.



COMMON SERVICE CODE ABBREVIATIONS

SERVICE TYPE	ABBREVIATIONS
Supportive Home Care	SHC
Respite	R
Meals	Μ
Translation Services	TS
Translation Services Travel Time	TST
Daily Living Skills	DLS
Support Broker	SB

TIMESHEET SUBMISSION

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