



# Utah MCCW Employee Timesheet

**Timesheet Submission**  
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 Salt Lake City, UT 84106  
**Fax:** 1-855-500-4521  
**Phone:** 1-801-317-1900  
**Email:** uttimesheets@premier-fms.com

Employee Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

Employer/ Authorized Representative Name: \_\_\_\_\_

Pay Period Begins: (MM/DD/YYYY)  /  /

Pay Period Ends: (MM/DD/YYYY)  /  /

			Tasks (please check all tasks performed)														
Service Date	Time In Select either AM or PM	Time Out Select either AM or PM	Total Hours*	Service Code	Meal Prep	Laundry	Household Care	Eating	Personal Hygiene	Bathing	Dressing	Med Admin	Money Mgmt	Non-Med Care	Community Activity	Relationship Building	Service Notes
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The Participant Employer/Guardian and Employee certify that the information provided on this timesheet is a true and accurate statement of the services provided. The Participant Employer/Guardian and Employee understand that payment for services are subject to payroll taxes.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer/Authorized Representative Signature: \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_