



THE IC VETERAN DIRECTED CARE WORKER TIMESHEET

Worker Name: _____

Veteran Name: _____

Authorized Representative Name: _____

Pay period Begins: (MM/DD/YYYY) / / Pay period Ends: (MM/DD/YYYY) / /

Day of Week	Service Date (MM/DD)	Time In		Time Out		# of Hours Worked
Sun	/	:	<input type="radio"/> AM <input type="radio"/> PM	:	<input type="radio"/> AM <input type="radio"/> PM	
Mon	/	:	<input type="radio"/> AM <input type="radio"/> PM	:	<input type="radio"/> AM <input type="radio"/> PM	
Tues	/	:	<input type="radio"/> AM <input type="radio"/> PM	:	<input type="radio"/> AM <input type="radio"/> PM	
Wed	/	:	<input type="radio"/> AM <input type="radio"/> PM	:	<input type="radio"/> AM <input type="radio"/> PM	
Thurs	/	:	<input type="radio"/> AM <input type="radio"/> PM	:	<input type="radio"/> AM <input type="radio"/> PM	
Fri	/	:	<input type="radio"/> AM <input type="radio"/> PM	:	<input type="radio"/> AM <input type="radio"/> PM	
Sat	/	:	<input type="radio"/> AM <input type="radio"/> PM	:	<input type="radio"/> AM <input type="radio"/> PM	
Sun	/	:	<input type="radio"/> AM <input type="radio"/> PM	:	<input type="radio"/> AM <input type="radio"/> PM	
Mon	/	:	<input type="radio"/> AM <input type="radio"/> PM	:	<input type="radio"/> AM <input type="radio"/> PM	
Tues	/	:	<input type="radio"/> AM <input type="radio"/> PM	:	<input type="radio"/> AM <input type="radio"/> PM	
Wed	/	:	<input type="radio"/> AM <input type="radio"/> PM	:	<input type="radio"/> AM <input type="radio"/> PM	
Thurs	/	:	<input type="radio"/> AM <input type="radio"/> PM	:	<input type="radio"/> AM <input type="radio"/> PM	
Fri	/	:	<input type="radio"/> AM <input type="radio"/> PM	:	<input type="radio"/> AM <input type="radio"/> PM	
Sat	/	:	<input type="radio"/> AM <input type="radio"/> PM	:	<input type="radio"/> AM <input type="radio"/> PM	
Service Hours Total:						

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

Worker Signature: _____ Date: ___ / ___ / _____

Veteran/AR Signature: _____ Date: ___ / ___ / _____

Timesheet Submission

Mail:
10425 W North Ave, Suite 345
Milwaukee, WI 53226

Email:
ICVIC@premier-fms.com

Fax:
(855) 325-4668

TIMESHEET CHECK-LIST

- Is my legal name on the TS?
- Is my Veteran'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)

07 / 02 / 2017

Pay period Ends: (MM/DD/YYYY)

07 / 15 / 2017

- 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 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 use standard time (not military time)?
- 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?

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 USE PORTAL TIMESHEET?

- Eliminates the risk of filling out 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 smart phone).
- It is secure, confidential and can be accessed from any location at any time of the day, year round.

For any questions or concerns, please contact our office at (855) 275-3948.

MARKING INSTRUCTIONS FOR TIMESHEET

- 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.