



Utah Employee Timesheet

Timesheet Submission
Mail: 515 South 700 East, Suite 2B
 Salt Lake City, UT 84102
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: ____ / ____ / ____

(For parent caregiver)
 Support Coordinator Signature: _____ Date: ____ / ____ / ____