



Premier

FINANCIAL MANAGEMENT SERVICES

Part of the AssuranceSD Family

CENTER FOR INDEPENDENCE – COLORADO VETERAN CHOICE PROGRAM SPLIT SHIFT 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		Time In		Time Out		Total Hours
Sun	/	:	AM	:	AM	:	AM	:	AM	
Mon	/	:	AM	:	AM	:	AM	:	AM	
Tue	/	:	AM	:	AM	:	AM	:	AM	
Wed	/	:	AM	:	AM	:	AM	:	AM	
Thu	/	:	AM	:	AM	:	AM	:	AM	
Fri	/	:	AM	:	AM	:	AM	:	AM	
Sat	/	:	AM	:	AM	:	AM	:	AM	
Sun	/	:	AM	:	AM	:	AM	:	AM	
Mon	/	:	AM	:	AM	:	AM	:	AM	
Tue	/	:	AM	:	AM	:	AM	:	AM	
Wed	/	:	AM	:	AM	:	AM	:	AM	
Thu	/	:	AM	:	AM	:	AM	:	AM	
Fri	/	:	AM	:	AM	:	AM	:	AM	
Sat	/	:	AM	:	AM	:	AM	:	AM	
									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
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