



Oregon Veteran Directed Care Worker Timesheet

Timesheet Submission

Mail: 10425 W. North Avenue, Suite 345, Milwaukee, WI 53226

Email: PayrollTimesheets@premier-fms.com

Phone: 1-855-852-6161

Fax: 1-855-571-7670

Worker Name: _____ Veteran Name: _____

Employer of Record Name: _____ Employer Phone#: _____

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	Time In	Time Out
Sun	/	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
Mon	/	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
Tue	/	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
Wed	/	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
Thu	/	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
Fri	/	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
Sat	/	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
Sun	/	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
Mon	/	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
Tue	/	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
Wed	/	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
Thu	/	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
Fri	/	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
Sat	/	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM

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

Worker Signature: _____ Date: / /

Veteran/EOR/AR Signature: _____ Date: / /

TIMESHEET CHECK-LIST

- ☐ 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)

07 / 10 / 2016

Pay period Ends: (MM/DD/YYYY)

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 veteran/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 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.

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.**

X NO

X NO

✓ YES

		5	:			1		5
--	--	---	---	--	--	---	--	---

		5	:			1		5
--	--	---	---	--	--	---	--	---

		5	:			1		5
--	--	---	---	--	--	---	--	---

TIMESHEET SUBMISSION

Mail:

10425 W. North Avenue, Suite 345 Milwaukee, WI 53226

Email:

PayrollTimesheets@premier-fms.com

Fax:

1-855-571-7670