

THE IDEPENDENCE CENTER - CNMI VETERAN DIRECTED CARE TIMESHEET

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norized Represei	ntative Name:					AR PI	none:	
Period Begins: (I	MM/DD/YYYY)			Pay Perio	od Ends: (M	M/DD/YYY	Y)	
Service Date								Total
(MM/DD)	Time In	Time Ou	t	Time	In	Time (Out	Hours
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1	• AM	•	АМ	:	AM	•	АМ	
,	• PM	•	PM	•	PM PM Service Hours Total			

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

	•	, ,	
Worker Signature:		Dat	te:
Authorized Representative	Signature:	Dat	te:
Timesheet Submission:	Mail	Email	Fax
	10425 W North Ave	PayrollTimesheets@premier-fms.com	855.325.4668
	Suite 345		
	Milwaukee, WI 53226		

THE INDEPENDENCE CENTER - CNMI, VETERAN DIRECTED CARE TIMESHEET INSTRUCTIONS

TIMESHEET CHECKLIST

Is my legal name on the Timesheet?

Is my Veteran's legal name on the Timesheet?

Did I fill in the correct pay period with the correct start and end dates?

Example (See schedule for dates):



Did I fill in the dates for each day worked?

Did I use the correct 15-minute increments to record my work time?

15 min. | 30 min. | 45 min. | 60 min.

Did I sign and date my Timesheet?

Example: If the last day you worked was July 23rd, you would sign and date the Timesheet as 7/23/20xx.

Did my Veteran/employer sign and date my Timesheet?

Did I make sure hours submitted are worked on or before the Timesheet due date and signed date?

Did I make sure the dates on the Timesheet are for one pay period ONLY and do not cross with any other pay periods?

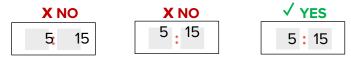
Did I make sure I did NOT use white-out to make corrections?

PLEASE NOTE: Timesheets received that are missing any of the above information will be rejected and returned for correction. They may results in delay of payment.

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.



TIMESHEET SUBMISSION

Mail: 10425 W North Ave Email: PayrollTimesheets@Premier-FMS.com Fax: 855.325.4668

Suite 345

Milwaukee, WI 53226

HOW DO I RECORD MY HOURS

If you only work one shift a day, your hours should be recorded in the first Time In and Time Out columns.

Service Date		
(MM/DD)	Time In	Time Out
09 / 22	8:00 =A	

I you work more than one shift per day, your hours for the additional shift should be recorded in the second Time In and Time Out columns.

Service Date (MM/DD)	Time Ir		Time C	Out	Time	In	Time	Out
09 / 22	8:00	AM		□ AM		□AM ■ DM	7:00	□AM

What should I do if I work past midnight on any given day?

- The hours worked past midnight MUST be recorded on the next day.

Example: If you work Monday from 6:00pm to Tuesday 6:00am, your timesheet should look as follows

Service Date (MM/DD)	Time In		Time	Out
09 / 22	6:00	□AM ■PM	17 • 1111	■ AM □ PM
09 / 23	12:00	■AM □PM	6:00	■ AM