

ACCRUED PAID SICK LEAVE FORM

THE INDEPENDENCE CENTER - NEW MEXICO

VETERAN DIRECTED CARE

Form ONLY to be used for
Accrued Paid Sick Time

Worker Name: _____

Veteran Name: _____

Authorized Representative Name: _____ AR Phone #: _____

Pay Period Begins: (MM/DD/YYYY) _____ Pay Period Ends: (MM/DD/YYYY) _____

Service Date (MM/DD)	Sick Leave Start Time	Sick Leave End Time	# of Hours Requested
/	: AM PM	: AM PM	
/	: AM PM	: AM PM	
/	: AM PM	: AM PM	
/	: AM PM	: AM PM	
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/	: AM PM	: AM PM	
/	: AM PM	: AM PM	
		Total Hours	

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

Worker Signature: _____ Date: _____

Authorized Representative Signature: _____ Date: _____

TIMESHEET SUBMISSION

Mail

10425 W North Ave
Suite 345
Milwaukee, WI 53226

Email

PayrollTimesheets@Premier-FMS.com

Fax

855.325.4668

Timesheet Checklist

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) Pay Period Ends: /DD/YYYY)

07 / 05 / 2024 07 / 18 / 2024

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?

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.

Timesheets received that are missing any of the above information will be rejected and returned for correction. This may result in a delay of payment.

Once all check boxes are checked, please submit your timesheet to PremierFMS.

Healthy Workplaces Act of 2021

- The Healthy Workplaces Act of 2021 is a law requiring all private employers in New Mexico to allow employees to accrue and use a benefit called **earned sick leave**.
- Employees accrue one hour of earned sick leave for every thirty hours worked, starting their first day of work. Up to 64 hours of unused earned sick leave can carry over year-to-year.
- Employees may use this leave for various reasons listed in the Act, like the employee's or their qualifying family member's illness or injury, or to deal with certain legal and family issues.
- Used sick leave is compensated at the employee's usual hourly rate and benefits. The hourly rate must be at least minimum wage.

Reasons for Use of Leave

Employees may use accrued sick leave for the following reasons:

- Employee's treatment or diagnosis of illness, injury, or health condition, or preventative medical care.
- Care of employee's family members for treatment or diagnosis of illness, injury, or health condition, or preventative medical care.
- Meetings related to employee's child's health or disability.
- Absence necessary because of and related to domestic abuse, sexual assault, or stalking suffered by the employee or their family member.

For more details, see the full text of the law and regulations, available at dws.state.nm.us/NMPaidSickLeave

For any questions or concerns, please contact our office at: **855.275.3948**.