



Part of the AssuranceSD Family

SWODA AGING SERVICES
VETERAN DIRECTED CARE
TIMESHEET

Worker Name: _____

Veteran Name: _____

Employer of Record Name: _____

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

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

Service Date (MM/DD)	Time In		Time Out		Time In		Time Out		Total Hours
/	:	AM PM	:	AM PM	:	AM PM	:	AM PM	
/	:	AM PM	:	AM PM	:	AM PM	:	AM PM	
/	:	AM PM	:	AM PM	:	AM PM	:	AM PM	
/	:	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	
/	:	AM PM	:	AM PM	:	AM PM	:	AM PM	
/	:	AM PM	:	AM PM	:	AM PM	:	AM PM	
/	:	AM PM	:	AM PM	:	AM PM	:	AM PM	
	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: _____

Vet/AR Signature: _____ Date: _____

Timesheet Submission:	Mail 10425 W North Ave Suite 345 Milwaukee, WI 53226	Email PayrollTimesheets@premier-fms.com	Fax 855.325.4668
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SWODA AGING SERVICES VETERAN DIRECTED CARE

TIMESHEET INSTRUCTIONS

TIMESHEET CHECKLIST

Is my legal name on the Timesheet?

Is my employer'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):

Pay Period Begins: (MM/DD/YYYY) **10/01/2025**

Pay Period Ends: (MM/DD/YYYY) **10/15/2025**

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 result 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.

X NO

5 15

X NO

5 : 15

✓ YES

5 : 15

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 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	1 : 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

If 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 In	Time Out	Time In	Time Out
09 / 22	8 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	1 : 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	3 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	7 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

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 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	12 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
09 / 23	12 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	6 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM