

IN-HOME SUPPORTIVE SERVICES
1501 SOMETHING AVENUE,
SACRAMENTO CA 90000

**IN-HOME SUPPORTIVE SERVICES (IHSS)
INDIVIDUAL PROVIDER
TIMESHEET**

Record your daily hours and minutes
like these samples.

FIRST, LASTNAME
565 SOMETHING DR.
SAN JOSE CA 95116-3439

Did not work	H	H	M	M
6 hours 30 minutes	H	6	3	0
4 hours 45 minutes	H	4	4	5
10 hours	1	0	M	M
Total	2	1	1	5

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below) or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed** = hours worked and claimed in previous pay period.

Cut along dotted line

Provider #: 000000000	Provider Name: LASTNAME, FIRST
Case #: 43 01 0000000	Recipient Name: LASTNAME, FIRST
Type: IHSS	Timesheet No: 4000059138
Pay From: 07/01/2015	Pay To: 07/15/2015
Hours: 52:30	

<u>Workweek #1</u>	<u>Workweek #2</u>	<u>Workweek #3</u>	<u>Workweek #4</u>
Claimed : 00:00	Claimed : 00:00	Claimed : 00:00	Claimed : 00:00

S 0 0 0 0	S 05 H H M M	S 12 H H M M	S 0 0 0 0
M 0 0 0 0	M 06 H H M M	M 13 H H M M	M 0 0 0 0
T 0 0 0 0	T 07 H H M M	T 14 H H M M	T 0 0 0 0
W 01 H H M M	W 08 H H M M	W 15 H H M M	W 0 0 0 0
T 02 H H M M	T 09 H H M M	T 0 0 0 0	T 0 0 0 0
F 03 H H M M	F 10 H H M M	F 0 0 0 0	F 0 0 0 0
S 04 H H M M	S 11 H H M M	S 0 0 0 0	S 0 0 0 0

Total _____ Total _____ Total _____ Total _____

Turn over and sign. →



Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below) or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed** = hours worked and claimed in previous pay period.

----- Cut along dotted line -----

Detach Instructions Before Mailing.

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

--	--

Recipient's Signature

Date

--	--

Provider's Signature

Date

Mail Detached Timesheet To:

IHSS Timesheet Processing Facility • PO Box 272862 • Chico, CA 95927-2862