Email to: **Payroll@MyMRCI.org**

CDCS & CSG
MRCI-CDS Time-Sheet

MRCI CLIENT DIRECTED SERVICES

Employee's Name: _____

Client's Name:_____

Client Representative: _____

2-Week Pay Period: Sun:_____ Sat:_____
　　　　　　　　　　　(mm/dd/year)　　　(mm/dd/year)

Was the Client **hospitalized** during this pay period? Yes No
If yes, dates hospitalized:_____ **Time of Day** Client admitted to hospital:_____

Date	From		To		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	_____
_____	_____	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	_____

Hourly Rate: $ _____   **Totals for the pay period:**_____

The hours recorded above are accurate and complete for the period indicated

_____   _____
Signature of Employee   Signature of Client/Representative

_____   _____
Date   Date

Not valid unless signed by both Parties
If hours exceed 40 in a calendar week (Sunday thru Saturday), the resulting overtime may be reportable to the County