

INDIVIDUALIZED HOME SUPPORTS (IHS)

Formerly Personal Support



Email to: Payroll@MyMRCI.org

Employee Name: _____

Client Name: _____

Client Rep: _____

2-Week Pay Period Sunday ____/____/____ thru Saturday ____/____/____

Dates of Service:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Time in	AM						
	PM						
Time out	AM						
	PM						
Total hours per day							
							Total for the week

Dates of Service:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Time in	AM						
	PM						
Time out	AM						
	PM						
Total hours per day							
							Total for the week

Wage/hour	\$	Total hours for the two weeks	

Has the Client been in the Hospital, a Care Facility or Incarcerated during these two weeks?

If so, please complete the following: Date in _____ Date out _____

Acknowledgement and Required Signatures (not valid unless signed by both Parties):

Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on this timesheet. Your signature verifies the time and services entered above are accurate. *All time documented is assumed to be 1 staff to 1 client (1:1) unless otherwise noted above time entry for that shift. For example, staff working with 2 clients at once should indicate 1:2 above time entry, 1:3 etc. A separate timesheet should be done for each client with whom the staff works.

Employee Signature

Date

Client/Client Rep

Date