



Phone: (989) 832-5400  
 Fax: (989) 832-5404  
 Payroll@StuartWilsonFL.com

## Employee Timesheet

Payroll Period: Sunday \_\_\_\_/\_\_\_\_/\_\_\_\_ to Saturday \_\_\_\_/\_\_\_\_/\_\_\_\_

**TIMESHEETS MUST BE SUBMITTED WITHIN 7 DAYS OF DATE OF SERVICE IN ORDER TO BE REIMBURSED FOR PAYMENT**

Employee Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Worked for (Employer): \_\_\_\_\_ Case Manager: \_\_\_\_\_

*\*Please use blue or black ink only*

**Tasks (check if performed) THIS PART MUST BE FILLED OUT!**

Day	Date	Time In Circle A (am) or P (pm)	Time Out Circle A (am) or P (pm)	Total	Service Code* CLS=H2015 Respite=T1005	Place of Service Code	Meal Prep	Laundry	Household Care	Eating	Bathing	Dressing	Personal Hygiene	Med Admin	Money Mgt	Non-Med Care	Community Activity	Relationship Building	Service Notes:
		A / P	A / P																
		A / P	A / P																
		A / P	A / P																
		A / P	A / P																
		A / P	A / P																
		A / P	A / P																
		A / P	A / P																
		A / P	A / P																
		A / P	A / P																
		A / P	A / P																
		A / P	A / P																

Place of Service Codes: Office setting=11      Home Setting=12      CLS/Supported Employment/Respite in Community= 99

*\*If the day is a holiday, please indicate on the "Day" line "HOLIDAY" to receive holiday pay if applicable*

**Paid hours NOT with Employer (Such as Training)**

Day	Date	Time In	Time Out	Total Hours	Task

**Additional Comments:**

  
  
  

I certify that I worked the hours shown on this sheet on the days indicated and that this timesheet has been authorized by the person I work for or their r

Employee signature: \_\_\_\_\_

Employer signature: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**And/or**

Representative signature: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_