



Scanner App

Tiny Scanner App Android

1. Install app on your smart phone (be aware: there is a free version and a pay to use option)
2. Open app
 - a. Push the camera icon on the bottom (that will turn the camera on)
3. Hold the camera directly over the timesheet.
 - a. Only the timesheet should be in the picture
 - b. Make sure there is adequate lighting
4. Take the photo
5. The blue lines will allow you to crop the file if it needs to be. Once satisfied push the check mark in the lower right corner
6. Review image, lighten or darken if needed. If satisfied, push the check mark in the lower right corner.
7. That will bring you to the screen to Name the document
 - a. Put the timesheet and payroll period. Example Timesheet 3/19-3/25/17
 - b. Push the check mark in the upper right corner
8. The next screen will allow you to email
9. The Share button  in the lower right corner will allow you to email the timesheet. Push that, select EMAIL.
10. Put the following email address in the "TO" spot waiverpayroll@stuartwilsonfi.com
11. Push the send button

Tiny Scanner App Apple

1. Install app on your smart phone (be aware: there is a free version and a pay to use option)
2. Open app
 - a. Tap the + to start
3. Hold the camera directly over the timesheet.
 - a. Only the timesheet should be in the picture
 - b. Make sure there is adequate lighting
4. Take the photo
5. The blue lines will allow you to crop the file if it needs to be. Once satisfied push the next button in the lower right corner
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GOOD TIMESHEET

- Timesheet is clear
- Can see the payroll period and signatures clearly
- Cropped so no appearance of table or background

STUART T. WILSON CPA, PC
 CERTIFIED PUBLIC ACCOUNTANT
 FISCAL INTERMEDIARY
 Phone: (989) 832-5400
 Fax: (989) 832-5404
 Payroll@StuartWilsonFI.com

Employee Timesheet

Payroll Period: Sunday ___/___/___ TO Saturday ___/___/___

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	Meal Prep	Laundry	Household Care	Eating	Bathing	Dressing	Personal Hygiene	Money Mgt	Non-Medical Care	Community Activity	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													

*If the day is a holiday, please indicate on the "Day" line "HOLIDAY" to receive holiday pay if applicable
 **TIMESHEETS MUST BE SUBMITTED WITHIN 7 DAYS OF DATE OF SERVICE IN ORDER TO BE PAID

Total Hours for Week: _____

*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 representative

Employee signature: _____ Employer signature: _____ Phone #: (____) _____
 And/or
 Representative signature: _____ Phone #: (____) _____

Additional Comments: _____

BAD TIMESHEET

- On an angle, making it hard to read the upper portion, as well as being all over blurry
- Table grain shows up around page
- Writing possibly cut off

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