

**PUBLIC PARTNERSHIPS, LLC EMPLOYEE TIMESHEET (Fiscal Intermediary for IN FSSA's Self-Directed Attendant Care Program)**

43303



Employer's Phone: ( ) -   
 Consumer's ID:   
 Consumer's Name: \_\_\_\_\_

Employee's Phone: ( ) -   
 Employee's ID:   
 Employee's Name: \_\_\_\_\_



FAX: PPL @ **866-874-0478**      MAIL: PUBLIC PARTNERSHIPS 7776 S. Pointe Pkwy Ste. 150; Phoenix, AZ 85044

**Week 1** Begin: Monday (mm/dd/yyyy) / /

**Week 2** End: Sunday (mm/dd/yyyy) / /

	Time	IN	AM/PM	Time	OUT	AM/PM	Total Hours
Mon			AM ○			PM ○	
			PM ○			AM ○	
Tue			AM ○			PM ○	
			PM ○			AM ○	
Wed			AM ○			PM ○	
			PM ○			AM ○	
Thu			AM ○			PM ○	
			PM ○			AM ○	
Fri			AM ○			PM ○	
			PM ○			AM ○	
Sat			AM ○			PM ○	
			PM ○			AM ○	
Sun			AM ○			PM ○	
			PM ○			AM ○	

	Time	IN	AM/PM	Time	OUT	AM/PM	Total Hours
Mon			AM ○			PM ○	
			PM ○			AM ○	
Tue			AM ○			PM ○	
			PM ○			AM ○	
Wed			AM ○			PM ○	
			PM ○			AM ○	
Thu			AM ○			PM ○	
			PM ○			AM ○	
Fri			AM ○			PM ○	
			PM ○			AM ○	
Sat			AM ○			PM ○	
			PM ○			AM ○	
Sun			AM ○			PM ○	
			PM ○			AM ○	

By signing below, I certify that I have provided the services to the employer during the times described on this timesheet.

Date (mm/dd/yyyy):      Employee Signature:   
 / /

I certify that the employer has received hours of service as reported above.

Date (mm/dd/yyyy):      Consumer/Employer Signature:   
 / /

**USE BLACK INK, PRINT ONE CHARACTER PER BOX, FILL CIRCLES COMPLETELY, DO NOT TOUCH THE LINES !!!**

