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

Consumer's Name: _____ Employer's Phone: ( ) - Consumer's ID:

Employee's Name: _____ Employee's Phone: ( ) - Employee's ID:

43303

PUBLIC PARTNERSHIPS

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

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

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

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

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

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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 !!!