

Instructions for Completing Timesheets

Worker Name – (A)	Your First & Last Name - As it appears in payroll
Client Name – (B)	First & Last This is the individual you are providing services to You must submit a separate timesheet for each client.
Payroll Period – (C)	We have only 2 pay periods, it's either 1 st to the 15 th "or" 16 th to the <u>last</u> day of the month.
Service Name – (D)	Check the appropriate line. You must submit a separate timesheet for each service, including training
Rate per Hour – (E)	Amount to be paid each hour for the service you are providing for that client. Must be entered.
Total Hours Worked – (F)	The total hours work and to be paid for this pay period.
Worker's Signature – (G)	Your signature – required for timely processing. We CANNOT process your timesheet without this signature.
Managing Employers Signature – (H)	Required for timely processing. We CANNOT process your timesheet without this signature. Managing Employer's signature verifies hours worked.

Please make sure **all areas** of the timesheet are filled in completely and accurately.

Timesheets missing any of the above information will cause a delay in processing your paycheck until a corrected timesheet is submitted.

****Note :** Please keep in mind, if you start your shift before midnight and continue to work through midnight the total hours worked need to be split on 2 dates. You can refer to the sample timesheet for the date 1/30 and 1/31.

1/30/2014 started shift at 8:00 pm and continued until 6 am on 1/31/2014

1/30/2014 8:00 PM – 12:00 AM = 4.0 Hours Worked

1/31/2014 12:00 AM – 6:00 AM = 6.0 Hours Worked



AWC - TIMESHEET

WORKER NAME: (A) Jane Doe

PAYROLL PERIOD

CLIENT NAME: (B) John Doe

(C) 1/16/14 to 1/31/14

DATE:	IN		OUT		IN		OUT		HOURS WORKED
	am	pm	am	pm	am	pm	am	pm	
Sun. 1/1	Sample								
Mon. 1/1									
Tues. 1/1									
Wed. 1/1									
Thurs. 1/16/14									
Fri. 1/17									8
Sat. 1/18	1:45	am	8:30	am				6.75	
TOTAL									22.75

SERVICE NAME: (D)

(Please check)

- Respite
- Companion
- Habilitation
- Other:

DATE:	IN		OUT		IN		OUT		HOURS WORKED
	am	pm	am	pm	am	pm	am	pm	
Sun. 1/19/14									
Mon. 20	7:15	am	1:30	pm	6	am	9:30	pm	9.75
Tues. 21									
Wed. 22	1	am	6:30	pm					5.5
Thurs. 23									
Fri. 24	8	am	2:30	pm					6.5
Sat. 25									
TOTAL									21.75

Training:

On the Job during service delivery checked above.

Other:

Describe training

DATE:	IN		OUT		IN		OUT		HOURS WORKED
	am	pm	am	pm	am	pm	am	pm	
Sun. 1/26/14									
Mon. 27	9	am	5	pm					8.0
Tues. 28	9:15	am	5:30	pm					8.25
Wed. 29	2:15	pm	6	pm					3.75
Thurs. 30	8	pm	12	am					4.0
Fri. 31	12	am	6	am					6.0
Sat. 1/1									
TOTAL									30.0

TOTAL RATE PER HOUR:

(E) \$ 7.95

I certify that all time recorded above is accurate & true.

(G) Jane Doe
WORKER'S SIGNATURE

1/31/14
DATE

GRAND TOTAL HOURS WORKED: (F) 74.5

(H) John Smith
MANAGING EMPLOYER'S SIGNATURE

2/1/14
DATE

AWC DESIGNEE REVIEWED