CHATSWORTH 21615 PLUMMER ST SOMETHING WAY ROAD ST 1 CHATSWORTH CA 91311

## **IN-HOME SUPPORTIVE SERVICES (IHSS)**

### INDIVIDUAL PROVIDER TIMESHEET

# Record your daily hours and minutes like these samples.

FIRST, LASTNAME 17830 SHERMAN WAY SOMETHING DRIVE APT 17 RESEDA CA 91335-3398

- Did not work 6 3 6 hours 30 minutes 0 4 4 5 4 hours 45 minutes 1 0 10 hours 2 1 1 5 Total
- 1. Use black ink only and press firmly. Numbers must be readable.
  - 2. Do not send any other documents with the timesheet.
  - 3. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
  - 4. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours.
  - 5. You must enter hours for each day worked (Total line is optional).
  - 6. You and your Recipient must sign and date the back of your timesheet.
  - 7. Do not fold the timesheet. Do not use white out or correction tape on timesheet.

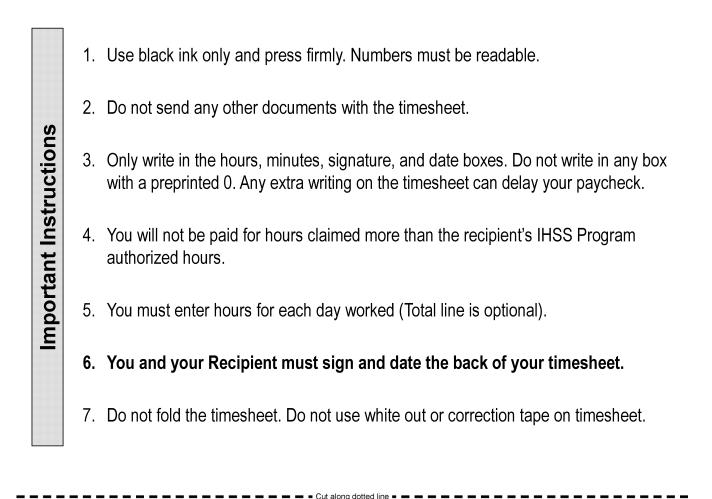
Cut along dotted line

4	

Important Instructions

Provider #:	00000000	Provider Name:	LASTNAME, FIRS	ST					
Case #:	00 01 0000000	<b>Recipient Name:</b>	LASTNAME, FIRST						
Type:	IHSS	Timesheet No:	000000000						
Pay From:	11/16/2014	Pay To:	11/30/2014	Hours:					

S 16	Н	Н	Μ	Μ	S 23	H	Н	Μ	Μ	S 30	Н	Н	Μ	Μ	S	0	0	0	0
M 17	н	н	Μ	Μ	M 24	Н	н	Μ	Μ	Μ	0	0	0	0	М	0	0	0	0
T 18	н	н	Μ	Μ	T 25	н	н	Μ	Μ	Т	0	0	0	0	Т	0	0	0	0
W 19	Н	Н	Μ	Μ	W 26	Н	Н	Μ	Μ	W	0	0	0	0	W	0	0	0	0
T 20	Н	Н	Μ	Μ	T 27	Н	Н	Μ	Μ	Т	0	0	0	0	Т	0	0	0	0
F 21	Н	Н	Μ	Μ	F 28	Н	Н	Μ	Μ	F	0	0	0	0	F	0	0	0	0
S 22	Н	Н	Μ	Μ	S 29	Н	Н	Μ	Μ	S	0	0	0	0	S	0	0	0	0
Total .					Total					Total					Total _				
Turn over and sign. 🔶																			



## Detach Instructions Before Mailing.

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

