

Provider #	002000002	Type	
Provider Name	TEST, JANE	IHSS	
Recipient Case #	07 - 0281021	Remaining Hrs	
Recipient Name	OSULLIVAN, DOLORES E	43:48	

Fill in time for each day worked
 Anote el tiempo para cada día en que haya trabajado.
 Լրացրեք ստիժն օրնու աշխատած օրուերը
 填寫每日工作的時數

Days of the Month	HOURS		MINUTES	
	Hours	Minutes	Hours	Minutes
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				
9th				
10th				
11th				
12th				
13th				
14th				
15th				

Total : : :

Timesheet # 3368 Pay Period - 10/01/2012 to 10/15/2012

DO NOT FOLD TIMESHEET

FRONT

Cut along dotted line
 Cut and Remove Before Mailing

"Pay based on daily hours"
 "Pago basado en las horas diarias"
 "Հարկավորը քառ օրուկան աշխատածովը"
 "款項將會依據每日的時數"

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.

Declaro que la información en este reporte de horas trabajadas es verdadera y correcta. Entiendo que cualquier declaración falsa puede ser enjuiciada bajo las leyes federales y estatales y que si me condenan de fraude, es posible que también esté sujeto a sanciones civiles.

Ես հայտարարում եմ, որ այս հաշվեցուցակում ներկայացված տեղեկությունը ճշմարիտ և ճշգրիտ է: Ես հասկանում եմ, որ յուրաքանչյուր կեղծ հայտարարություն կարող է հետապնդվել դատական կարգով Դաշնային և Նահանգային օրենքների համաձայն, և, կե՛ն ես դատաարտվել խաղաղախուժեան համար, ապա ես կարող եմ նաև ենթարկվել քաղաքացիական կամ քրեական պատժամիջոցների:

我聲明在這時間表的資料是真實和正確的。我明白任何偽造的申請會被聯邦和州法律所檢控，而且如果詐騙罪名成立，我可能也將受到民事處罰。

Mail Detached Timesheet To: IHSS Timesheet Processing Facility, P.O. BOX 2380, Chico, CA 95927-2380

BACK

Cut along dotted line
 Cut and Remove Before Mailing

RECIPIENT Signature	Date	PROVIDER Signature	Date
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Important Instructions

- The person you work for is an IHSS recipient and is your employer
- You are referred to as a provider and are the employee of the recipient.
- This timesheet is only for one pay period and includes those days you may have worked for an IHSS recipient.
- Your employer may have other providers working for him/her.
- It is your employer's responsibility to tell you how many hours you may work during a pay period and what days you are to work.
- Be sure both you and your employer have signed and dated the timesheet.
- At the end of each period, promptly cut out and return the timesheet below to the IHSS Timesheet Processing Facility. Do not submit your timesheet until the end of the period, unless your employment is terminated.
- Mail the timesheet in the return envelope that was included with the timesheet.

How To Fill In Timesheet

- Enter the hours and minutes worked in the boxes next to the date you worked.
- Only use BLACK ink
- Do not write on timesheet except in hours, minutes, signature, and date boxes.
- The IHSS Program will not pay over authorized hours.
- Payment will be based on daily hours.
- Do Not cross out or write out on the timesheet.
- Be sure both Recipient and Provider have signed and dated on back of timesheet.
- Do Not fold the timesheet.

Record your daily hours and minutes like these samples

	Hours	Minutes
Did not Work	<input type="text"/>	<input type="text"/>
6 Hours 30 Minutes	<input type="text"/>	<input type="text"/>
4 Hours 45 Minutes	<input type="text"/>	<input type="text"/>
10 Hours	<input type="text"/>	<input type="text"/>

Total Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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