

FLSA TIMESHEET TRAINING PACKET

Timesheets must be mailed with correct postage to:

Non-Travel Timesheets (Black line on envelope) address:

PO Box 272862
Chico, CA 95927-2862

Travel Timesheets and Travel Claim Form (Red line on envelope)

address:

PO Box 272863
Chico, CA 95927-2863

Link to view Timesheet Training Video

www.cdss.ca.gov/agedblinddisabled/Pg1814.htm

State Website:

www.cdss.ca.gov/agedblinddisabled/PG1788.htm

Paycheck questions? Please call

Paycheck Customer Service San Bernardino County Hotline

1-800-722-4595

Open: 9:00 – 5:00 pm

Direct Deposit Questions, please call:

Direct Deposit Hotline

1-866-376-7066



DO NOT CALL TO CHECK ON TIMESHEET/PAYCHECK STATUS UNTIL 10 BUSINESS DAYS FROM THE DATE THAT THE TIMESHEET WAS MAILED.

Visit the DAAS <http://hss.sbcounty.gov/daas/IHSS/default.aspx> or
PA <http://hss.sbcounty.gov/pa/RegistryServices/default.htm> websites for
additional timesheet assistance and forms.

IHSS TIMESHEET TIPS - GET YOUR MONEY FASTER

- DO NOT exceed 7 hours per week of travel time.
- DO NOT exceed your consumer's weekly authorized hours.
- DO NOT use white out.
- DO NOT write more than one number per box.
- DO NOT attach or staple anything to your timesheet.
- DO NOT cross out or write over pre-printed zeroes.
- DO NOT include extra documents, other than the travel claim form.
- DO NOT fold or alter the timesheet.
- DO NOT write anywhere on the timesheet except the signature area and time entry boxes. The time entry boxes are for numbers only.
- DO NOT mail the timesheet in prior to the end of the pay period.
- DO NOT claim all your hours in the first half.



- The defined workweek is from Sunday, 12:00 AM to Saturday, 11:59 PM Travel time is documented on the timesheet for the consumer that you are traveling to.
- Timesheets must be submitted within 2 weeks of the last day of the pay period for timely processing.
- Timesheets must be signed and dated by both you and the consumer.
- If an error is made when writing the number in a box, draw a diagonal line through the box and write the correct number in a corner of the box.

DO:

- Write clearly and legibly.
- Write in BLACK INK only.
- Enter the hours and minutes worked in the boxes next to the date worked.
- Write firmly so the numbers and signature can be properly scan and review your timesheet.
- Make sure your address is written in the top left corner of the envelope and include stamp.
- Contact your local office if you have a change of schedule before submitting Timesheet.



Conversion Table: Decimals to Minutes

Authorized Hours divided by 4.33 = Weekly hours

Decimal	Rounded Min		Decimal	Rounded Min		Decimal	Rounded Min
0.00	0		0.35	21		0.70	42
0.01	1		0.36	22		0.71	43
0.02	1		0.37	22		0.72	43
0.03	2		0.38	23		0.73	44
0.04	2		0.39	23		0.74	44
0.05	3		0.40	24		0.75	45
0.06	4		0.41	25		0.76	46
0.07	4		0.42	25		0.77	46
0.08	5		0.43	26		0.78	47
0.09	5		0.44	26		0.79	47
0.10	6		0.45	27		0.80	48
0.11	7		0.46	28		0.81	49
0.12	7		0.47	28		0.82	49
0.13	8		0.48	29		0.83	50
0.14	8		0.49	29		0.84	50
0.15	9		0.50	30		0.85	51
0.16	10		0.51	31		0.86	52
0.17	10		0.52	31		0.87	52
0.18	11		0.53	32		0.88	53
0.19	11		0.54	32		0.89	53
0.20	12		0.55	33		0.90	54
0.21	13		0.56	34		0.91	55
0.22	13		0.57	34		0.92	55
0.23	14		0.58	35		0.93	56
0.24	14		0.59	35		0.94	56
0.25	15		0.60	36		0.95	57
0.26	16		0.61	37		0.96	58
0.27	16		0.62	37		0.97	58
0.28	17		0.63	38		0.98	59
0.29	17		0.64	38		0.99	59
0.30	18		0.65	39			
0.31	19		0.66	40			
0.32	19		0.67	40			
0.33	20		0.68	41			
.034	20		0.69	41			

IHSS TIMESHEET EXERCISE #1

Provider, John, works for 1 recipient, Jane.

Jane is authorized 173:12 per month, which is 40 hours per week.

John worked as follows for the second half of January (HH:MM)

~ Month ~						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16 6:00	17 6:00	18 4:00
19 6:00	20 6:00	21 6:00	22 6:00	23 6:00	24 6:00	25 4:00
26 6:00	27 6:00	28 6:00	29 6:00	30 6:00	31 6:00	Notes:

San Bernardino Department of Human Services
 17270 Bear Valley RD, STE 108
 Victorville CA 92395

**IN-HOME SUPPORTIVE SERVICES(IHSS)
 INDIVIDUAL PROVIDER
 INITIAL / REPLACEMENT TIMESHEET**

Record your daily hours and minutes like these samples.

Did not work	H	H	M	M
6 hours 30 minutes	H	6	3	0
4 hours 45 minutes	H	4	4	5
10 hours	1	0	M	M
Total	2	1	1	5

SAMPLE D NO-TRAVEL
 123 MAIN STREET
 ANYTOWN CA 12345-6789

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday, 12:00 AM to Saturday, 11:59 PM.
3. Do not send any other documents with the timesheet except a travel claim form.
4. 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.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. You and your Recipient must sign and date the back of your timesheet.
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. Time travelled from one recipient to another on the same day must be claimed on the timesheet for the recipient you travelled to and cannot exceed the 7 hour weekly travel cap.
10. **Claimed** = hours worked and claimed in previous pay period, **Travel** = hours travelled and claimed in previous pay period.

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Provider #: 123456789	Provider Name: JOHN PROVIDER
Case #: 00 01 1234567	Recipient Name: JANE RECIPIENT
Type: IHSS	Timesheet No: 1234567890123456
From: 01/16/2014	To: 01/31/2014

<u>Workweek #1</u>	<u>Workweek #2</u>	<u>Workweek #3</u>	<u>Workweek #4</u>
▲ Claimed :01:00	Claimed :00:00	Claimed :00:00	Claimed :00:00 ▲

S 19	0	0	0	0	S 19	H	H	M	M	S 26	H	H	M	M	S	0	0	0	0
M 20	0	0	0	0	M 20	H	H	M	M	M 27	H	H	M	M	M	0	0	0	0
T 21	0	0	0	0	T 21	H	H	M	M	T 28	H	H	M	M	T	0	0	0	0
W 22	0	0	0	0	W 22	H	H	M	M	W 29	H	H	M	M	W	0	0	0	0
T 16	H	H	M	M	T 23	H	H	M	M	T 30	H	H	M	M	T	0	0	0	0
F 17	H	H	M	M	F 24	H	H	M	M	F 31	H	H	M	M	F	0	0	0	0
S 18	H	H	M	M	S 25	H	H	M	M	S	0	0	0	0	S	0	0	0	0

Total _____ **Total** _____ **Total** _____ **Total** _____



Turn over and sign. →

Instrucciones importantes

1. Su semana laboral definida es de domingo a las 12:00 AM a sábado a las 11:59 PM.
2. Use solamente tinta negra y presione firmemente. Los números deben estar legibles.
3. No envíe cualquier otro documento junto con su reporte de horas trabajadas excepto el registro de las horas de viaje.
4. Escriba solamente en las casillas para las horas, los minutos, la firma y la fecha. No escriba nada en las casillas con un "0" ya impreso. Cualquier anotación adicional en el reporte de horas trabajadas puede atrasar su cheque de pago.
5. No se le pagarán horas reclamadas que sobrepasen las horas autorizadas por el Programa IHSS del beneficiario, o las horas semanales permitidas. El reclamar horas adicionales podría atrasar su cheque de pago.
6. Usted debe anotar las horas de cada día en que trabajó (la línea para el total es opcional).
7. Usted y su beneficiario deben firmar y fechar en el dorso de su reporte de horas trabajadas.
8. No doble su reporte de horas trabajadas. No use corrector líquido ni cinta correctora en el reporte de horas trabajadas.
9. El tiempo que viaja entre dos beneficiarios durante el mismo día debe reclamarse en el reporte de horas trabajadas del segundo beneficiario, y no puede exceder el límite semanal de 7 horas de viaje.
10. **Reclamadas** = horas que trabajó y reclamó en el periodo de pago anterior. **Viaje** = horas viajadas y reclamadas en el periodo de pago anterior.

重要指示

1. 請僅使用黑色水筆著重填寫。數字的填寫務必清晰可讀。
2. 您的預設一週工作時間為週日凌晨 12:00 點至週六午夜 11:59。
3. 除行進時間報銷表單之外，請不要隨工時單附寄任何其他文檔。
4. 請僅填入小時數、分鐘數、簽名和日期方塊。無需填入任何預先印入 0 的方塊。工時單上出現其他字跡可能延遲薪資的發放。
5. 您的索償時數不可超過居家支援服務 (IHSS) 方案接受方所獲授權之時數，或超過每週允許時數。超過一定時數的索償可能延遲薪資的發放。
6. 請務必輸入每日工作時數 (總計線可選填)。
7. 您和您的服務接受方務必在工時單的背面署名並簽署日期。
8. 請不要折疊工時單。請不要使用修正液或修正帶塗改工時單。
9. 當日，從一個接受方處行進至另一個接受方處所耗費的時間應計入後者之工時單一併索償。每週行進時間不得超過 7 小時。
10. **索償時間** = 在上一個薪資結算週期內所工作並索償的時數。**行進時間** = 在上一個薪資結算週期內所耗費並索償的行進時數。

Կարևոր ցուցումներ

1. Օգտագործեք միայն սևի թանաք եւ ուժեղ սեղմեք: Թվերը պետք է ընթերցելի լինեն:
2. Ձեր սահմանված աշխատանքային շաբաթն է կիրակի օրը ժամը զիջերվա 12:00-ից մինչև շաբաթ օրը ժամը զիջերվա 11:59-ը:
3. Ծանալարհորդության հայցի ձեռից բացի՝ ժամանակացույցի հետ միասին դրե՛ք այլ փաստաթղթեր մի ուղարկեք:
4. Գրեք միայն ժամերի, րոպեների, ստորագրության եւ ամսաթվի վանդակներում: Մի գրեք որե՛ն վանդակում, որտեղ արդեն տպված է 0: Ժամանակացույցում արված որե՛ն լրացուցիչ գրություն կարող է երկարաձեղ ձեռ վճարման ստացումը:
5. Դուք չեք վճարվի այն ժամերի համար, որոնք գերազանցում են ստացող IHSS ծրագրի կողմից հաստատված ժամերի քանակը կամ շաբաթական թույլատրելի ժամերի քանակը: Լրացուցիչ ժամեր ներկայացնելը կարող է երկարաձեղ ձեռ վճարման ստացումը:
6. Դուք պետք է գրեք յուրաքանչյուր օր աշխատած ժամերը (ընդհանուր գումարի գծը կամավոր է):
7. Դուք եւ ձեր ստացողը պետք է ստորագրեք ու ամսագրեք ձեր ժամանակացույցի հետևում:
8. Ժամանակացույցը մի ծալեք: Ժամանակացույցի վրա սպիտակ հեղուկով կամ ուղղիչ ծածկվելով ուղղումներ մի արեք:
9. Մեկ ստացողից մյուսի մոտ կլուն օրը ճանապարհորդելու ժամանակը պետք է պահանջվի ժամանակացույցի վրա այն ստացողի համար, ում մոտ որ դուք գտնվեք, եւ չի կարող գերազանցել շաբաթական 7 ժամ:
10. **Գահանջած** = աշխատած ու պահանջած ժամեր վճարման նախորդ ժամանակաշրջանում, **Ծանալարհորդություն** = ճամկորդած ու պահանջած ժամեր վճարման նախորդ ժամանակաշրջանում:

----- Cut along dotted line -----

I understand that any false claim relating to this timesheet may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties: By signing as the recipient of services claimed on this timesheet, I declare that the information on the timesheet is true and correct, excluding time claimed by my provider relating to travel. By signing as the provider of services claimed on this timesheet, I declare that the information on this timesheet is true and correct.

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Recipient's Signature

Date

Provider's Signature

Date

Mail Detached Timesheet To:

IHSS Timesheet Processing Facility • PO Box 272863 • Chico, CA 95927-2863

IHSS TIMESHEET EXERCISE #2

Provider, John, works for Recipient Peter and Recipient Helena.

Recipient Peter is authorized 100.00 hours per month, which is 23:05 hours per week, and

Recipient Helena is authorized 100.00 hours per month, which is 23:05 hours per week.

John worked as follows for the second half of January (HH:MM).

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				16	17	18
	Hours worked for Peter Hours worked for Helena			2:00 Left Peter's Home at 1:00 pm	2:00 Left Peter's Home at 3:00 pm	0 No Travel Time
				2:00 Arrived at Helena's Home at 1:15 pm (15 minutes Travel)	2:00 Arrived at Helena's Home at 3:15 pm (15 minutes Travel)	2:00 No Travel Time
19	20	21	22	23	24	25
0 No Travel Time	2:00 Left Peter's Home at 1:00 pm	2:00 Left Peter's Home at 1:00 pm	2:00 No Travel Time	2:00 Left Peter's Home at 1:00 pm	2:00 Left Peter's Home at 1:00 pm	0 No Travel Time
0 No Travel Time	1:50 Arrived at Helena's Home at 1:15 pm (15 minutes Travel)	1:50 Arrived at Helena's Home at 1:15 pm (15 minutes Travel)	0 No Travel Time	1:50 Arrived at Helena's Home at 1:15 pm (15 minutes Travel)	1:50 Arrived at Helena's Home at 1:15 pm (15 minutes Travel)	4:00 No Travel Time
26	27	28	29	30	31	
0 No Travel Time	2:00 Arrived at Peter's Home at 2:15 pm (15 minutes Travel)	2:00 Arrived at Peter's Home at 2:15 pm (15 minutes Travel)	2:00 Arrived at Peter's Home at 2:15 pm (15 minutes Travel)	2:00 No Travel Time	1:05 No Travel Time	
1:05 No Travel Time	2:00 Left Helena's Home at 2:00 pm	2:00 Left Helena's Home at 2:00 pm	2:00 Left Helena's Home at 2:00 pm	0 No Travel Time	0 No Travel Time	

Sample Sheet

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

IN-HOME SUPPORTIVE SERVICES(IHSS) INDIVIDUAL PROVIDER INITIAL / REPLACEMENT TIMESHEET

San Bernardino Department of Human Services
17270 Bear Valley RD, STE 108
Victorville CA 92395

Record your daily hours and minutes like these samples.

Did not work	H	H	M	M
6 hours 30 minutes	6	3	0	
4 hours 45 minutes	4	4	5	
10 hours	1	0		
Total	2	1	1	5

SAMPLE D TRAVEL
123 MAIN STREET
ANYTOWN CA 12345-6789

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday, 12:00 AM to Saturday, 11:59 PM.
3. Do not send any other documents with the timesheet except a travel claim form.
4. 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.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. You and your Recipient must sign and date the back of your timesheet.
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. Time travelled from one recipient to another on the same day must be claimed on the timesheet for the recipient you travelled to and cannot exceed the 7 hour weekly travel cap.
10. **Claimed** = hours worked and claimed in previous pay period, **Travel** = hours travelled and claimed in previous pay period.

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Provider #: 123456789	Provider Name: JOHN PROVIDER
Case #: 00 01 1234567	Recipient Name: RECIPIENT HELENA
Type: IHSS	Timesheet No: 1234567890123456
From: 01/16/2014	To: 01/31/2014

<u>Workweek #1</u>				<u>Workweek #2</u>				<u>Workweek #3</u>				<u>Workweek #4</u>			
Claimed : 01:00				Claimed : 00:00				Claimed : 00:00				Claimed : 00:00			
Travel : 01:15				Travel : 00:00				Travel : 00:00				Travel : 00:00			
Travel	H	M	M	Travel	H	M	M	Travel	H	M	M	Travel	H	M	M
		3	0		1	0	0						0	0	0
S	0	0	0	S 19				S 26	1	0	5	S	0	0	0
M	0	0	0	M 20	1	5	0	M 27	2	0	0	M	0	0	0
T	0	0	0	T 21	1	5	0	T 28	2	0	0	T	0	0	0
W	0	0	0	W 22				W 29	2	0	0	W	0	0	0
T 16	2	0	0	T 23	1	5	0	T 30				T	0	0	0
F 17	2	0	0	F 24	1	5	0	F 31				F	0	0	0
S 18	2	0	0	S 25	4	0	0	S	0	0	0	S	0	0	0
Total	6:00			Total	11:20			Total	7:05			Total			

Turn over and sign. →



Instrucciones importantes

1. Su semana laboral definida es de domingo a las 12:00 AM a sábado a las 11:59 PM.
2. Use solamente tinta negra y presione firmemente. Los números deben estar legibles.
3. No envíe cualquier otro documento junto con su reporte de horas trabajadas excepto el registro de las horas de viaje.
4. Escriba solamente en las casillas para las horas, los minutos, la firma y la fecha. No escriba nada en las casillas con un "0" ya impreso. Cualquier anotación adicional en el reporte de horas trabajadas puede atrasar su cheque de pago.
5. No se le pagarán horas reclamadas que sobrepasen las horas autorizadas por el Programa IHSS del beneficiario, o las horas semanales permitidas. El reclamar horas adicionales podría atrasar su cheque de pago.
6. Usted debe anotar las horas de cada día en que trabajó (la línea para el total es opcional).
7. Usted y su beneficiario deben firmar y fechar en el dorso de su reporte de horas trabajadas.
8. No doble su reporte de horas trabajadas. No use corrector líquido ni cinta correctora en el reporte de horas trabajadas.
9. El tiempo que viaja entre dos beneficiarios durante el mismo día debe reclamarse en el reporte de horas trabajadas del segundo beneficiario, y no puede exceder el límite semanal de 7 horas de viaje.
10. **Reclamadas** = horas que trabajó y reclamó en el periodo de pago anterior. **Viaje** = horas viajadas y reclamadas en el periodo de pago anterior.

重要指示

1. 請僅使用黑色水筆著重填寫。數字的填寫務必清晰可讀。
2. 您的預設一週工作時間為週日凌晨 12:00 點至週六午夜 11:59。
3. 除行進時間報銷表單之外，請不要隨工時單附寄任何其他文檔。
4. 請僅填入小時數、分鐘數、簽名和日期方塊。無需填入任何預先印入 0 的方塊。工時單上出現其他字跡可能延遲薪資的發放。
5. 您的索償時數不可超過居家支援服務 (IHSS) 方案接受方所獲授權之時數，或超過每週允許時數。超過一定時數的索償可能延遲薪資的發放。
6. 請務必輸入每日工作時數 (總計線可選填)。
7. 您和您的服務接受方務必在工時單的背面署名並簽署日期。
8. 請不要折疊工時單。請不要使用修正液或修正帶塗改工時單。
9. 當日，從一個接受方處行進至另一個接受方處所耗費的時間應計入後者之工時單一併索償。每週行進時間不得超過 7 小時。
10. **索償時間** = 在上一個薪資結算週期內所工作並索償的時數。**行進時間** = 在上一個薪資結算週期內所耗費並索償的行進時數。

Կարևոր ցուցումներ

1. Օգտագործեք միայն սևի թանաք եւ ուժեղ սեղմեք: Թվերը պետք է ընթերցելի լինեն:
2. Ձեր սահմանված աշխատանքային շաբաթն է կիրակի օրը ժամը զիջերվա 12:00-ից մինչև շաբաթ օրը ժամը զիջերվա 11:59-ը:
3. Ծանալարհորդության հայցի ձեռից բացի՝ ժամանակացույցի հետ միասին դրե՛ք այլ փաստաթղթեր մի ուղարկեք:
4. Գրեք միայն ժամերի, րոպեների, ստորագրության եւ ամսաթվի վանդակներում: Մի գրեք որե՛ն վանդակում, որտեղ արդեն տպված է 0: Ժամանակացույցում արված որե՛ն լրացուցիչ գրություն կարող է երկարաձեղ ձեռ վճարման ստացումը:
5. Դուք չեք վճարվի այն ժամերի համար, որոնք գերազանցում են ստացող IHSS ծրագրի կողմից հաստատված ժամերի քանակը կամ շաբաթական թույլատրելի ժամերի քանակը: Լրացուցիչ ժամեր ներկայացնելը կարող է երկարաձեղ ձեռ վճարման ստացումը:
6. Դուք պետք է գրեք յուրաքանչյուր օր աշխատած ժամերը (ընդհանուր գումարի գրեք կամավոր է):
7. Դուք եւ ձեր ստացողը պետք է ստորագրեք ու ամսագրեք ձեր ժամանակացույցի հետևում:
8. Ժամանակացույցը մի ծալեք: Ժամանակացույցի վրա սպիտակ հեղուկով կամ ուղղիչ ծածկվելով ուղղումներ մի արեք:
9. Մեկ ստացողից մյուսի մոտ կլուն օրը ճանապարհորդելու ժամանակը պետք է պահանջվի ժամանակացույցի վրա այն ստացողի համար, ում մոտ որ դուք գտնվեք, եւ չի կարող գերազանցել շաբաթական 7 ժամ:
10. **Գահանջած** = աշխատած ու պահանջած ժամեր վճարման նախորդ ժամանակաշրջանում, **Ծանալարհորդություն** = ճամկորդած ու պահանջած ժամեր վճարման նախորդ ժամանակաշրջանում:

----- Cut along dotted line -----

I understand that any false claim relating to this timesheet may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties: By signing as the recipient of services claimed on this timesheet, I declare that the information on the timesheet is true and correct, excluding time claimed by my provider relating to travel. By signing as the provider of services claimed on this timesheet, I declare that the information on this timesheet is true and correct.

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Recipient's Signature

Date

Provider's Signature

Date

**Mail Detached Timesheet To:
IHSS Timesheet Processing Facility • PO Box 272863 • Chico, CA 95927-2863**

Sample Sheet

TRAVEL CLAIM FORM

Provider Name:	John		Recipient Name:	Helena	
Provider #:	123456789	Timesheet #:	1234567890123456	Case #:	00 01 1234567
Pay Period From:	01/16/2014	Pay Period To:	01/31/2014	Program Type:	IHSS

Travel Week #1:		Case # From:	Distance:	Comments:			
S	H	H	M	M			
M	H	H	M	M			
T	H	H	M	M			
W	H	H	M	M			
T	H	H	1	5	0001234567	10 miles	
F	H	H	1	5	0001234567	10 miles	
S	H	H	M	M			
TOTAL	H	H	3	0			

Travel Week #2:		Case # From:	Distance:	Comments:			
S	H	H	M	M			
M	H	H	1	5	0001234567	10 miles	
T	H	H	1	5	0001234567	10 miles	
W	H	H	M	M			
T	H	H	1	5	0001234567	10 miles	
F	H	H	1	5	0001234567	10 miles	
S	H	H	M	M			
TOTAL	H	1	0	0			

Travel Week #3:		Case # From:	Distance:	Comments:			
S	H	H	M	M			
M	H	H	M	M			
T	H	H	M	M			
W	H	H	M	M			
T	H	H	M	M			
F	H	H	M	M			
S	H	H	M	M			
TOTAL	H	H	M	M			

Travel Week #4:		Case # From:	Distance:	Comments:			
S	H	H	M	M			
M	H	H	M	M			
T	H	H	M	M			
W	H	H	M	M			
T	H	H	M	M			
F	H	H	M	M			
S	H	H	M	M			
TOTAL	H	H	M	M			

Provider: <i>John</i>	Date: <i>01/31/2014</i>
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Sample Sheet

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

IN-HOME SUPPORTIVE SERVICES(IHSS) INDIVIDUAL PROVIDER INITIAL / REPLACEMENT TIMESHEET

San Bernardino Department of Human Services
17270 Bear Valley RD, STE 108
Victorville CA 92395

Record your daily hours and minutes like these samples.

Did not work	H	H	M	M
6 hours 30 minutes	H	6	3	0
4 hours 45 minutes	H	4	4	5
10 hours	1	0	M	M
Total	2	1	1	5

SAMPLE D TRAVEL
123 MAIN STREET
ANYTOWN CA 12345-6789

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday, 12:00 AM to Saturday, 11:59 PM.
3. Do not send any other documents with the timesheet except a travel claim form.
4. 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.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. You and your Recipient must sign and date the back of your timesheet.
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. Time travelled from one recipient to another on the same day must be claimed on the timesheet for the recipient you travelled to and cannot exceed the 7 hour weekly travel cap.
10. **Claimed** = hours worked and claimed in previous pay period, **Travel** = hours travelled and claimed in previous pay period.

Provider #: 123456789	Provider Name: JOHN PROVIDER
Case #: 00 01 1234567	Recipient Name: RECIPIENT PETER
Type: IHSS	Timesheet No: 1234567890123456
From: 01/16/2014	To: 01/31/2014

<u>Workweek #1</u>				<u>Workweek #2</u>				<u>Workweek #3</u>				<u>Workweek #4</u>				
▲ Claimed : 01:00				Claimed : 00:00				Claimed : 00:00				Claimed : 00:00				
▲ Travel : 01:15				Travel : 00:00				Travel : 00:00				Travel : 00:00				
Travel	H	M	M	Travel	H	M	M	Travel	H	M	M	Travel	0	0	0	0
S	0	0	0	S 19	H	M	M	S 26	H	M	M	S	0	0	0	0
M	0	0	0	M 20	H	2	0	M 27	H	2	0	M	0	0	0	0
T	0	0	0	T 21	H	2	0	T 28	H	2	0	T	0	0	0	0
W	0	0	0	W 22	H	2	0	W 29	H	2	0	W	0	0	0	0
T 16	H	2	0	T 23	H	2	0	T 30	H	2	0	T	0	0	0	0
F 17	H	2	0	F 24	H	2	0	F 31	H	1	0	F	0	0	0	0
S 18	H	H	M	S 25	H	H	M	S	0	0	0	S	0	0	0	0
Total	4:00			Total	10:00			Total	9:05			Total				

Turn over and sign. →



Sample Sheet

TRAVEL CLAIM FORM

Provider Name:	John	Recipient Name:	Peter		
Provider #:	123456789	Timesheet #:	1234567890123456	Case #:	00 01 1234567
Pay Period From:	01/16/2014	Pay Period To:	01/31/2014	Program Type:	IHSS

Travel Week #1:	Case #	From:	Distance:	Comments:
S				
M				
T				
W				
T				
F				
S				
TOTAL				

Travel Week #2:	Case #	From:	Distance:	Comments:
S				
M				
T				
W				
T				
F				
S				
TOTAL				

Travel Week #3:	Case #	From:	Distance:	Comments:
S				
M	1 5	0001234567	10 miles	
T	1 5	0001234567	10 miles	
W	1 5	0001234567	10 miles	
T				
F				
S				
TOTAL	4 5			

Travel Week #4:	Case #	From:	Distance:	Comments:
S				
M				
T				
W				
T				
F				
S				
TOTAL				

Provider: <i>John</i>	Date: <i>01/31/2014</i>
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Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Provider #:	002343227	Provider Name:	Joe Doe
Case #:	36 99 2243569	Recipient Name:	Mary Doe
Type:		Timesheet No:	2245674300
From:	01/16/2014	To:	01/31/2014

<u>Workweek #1</u>		<u>Workweek #2</u>		<u>Workweek #3</u>		<u>Workweek #4</u>																																																																																																																	
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Provider #:	002343227	Provider Name:	Joe Doe
Case #:	36 99 2243569	Recipient Name:	Mary Doe
Type:		Timesheet No:	2245674300
From:	01/16/2014	To:	01/31/2014

<u>Workweek #1</u>		<u>Workweek #2</u>		<u>Workweek #3</u>		<u>Workweek #4</u>																																																																																																																	
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