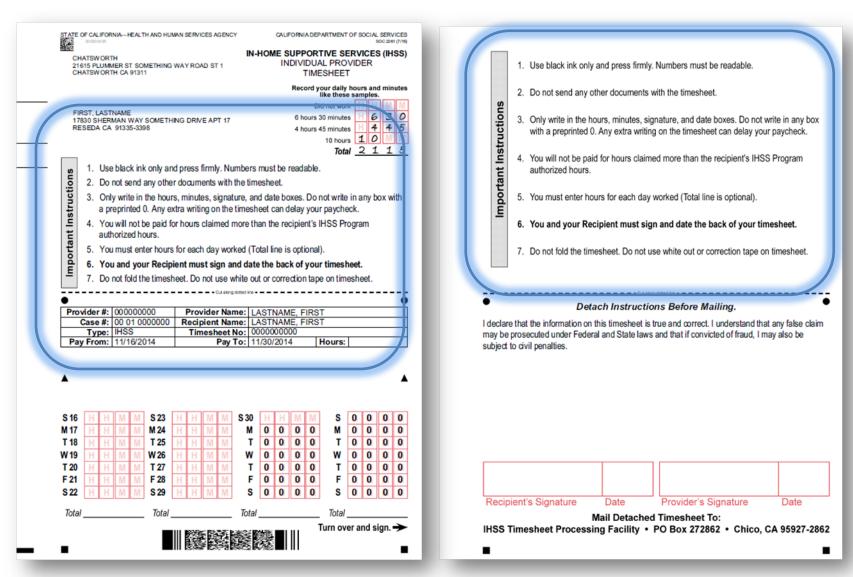
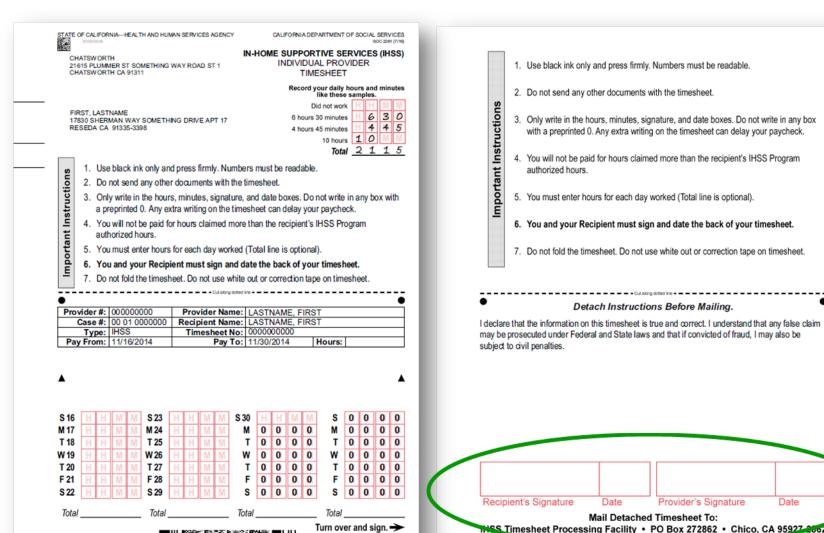
IHSS Timesheet

It's important to follow the instructions when filling out the timesheet.



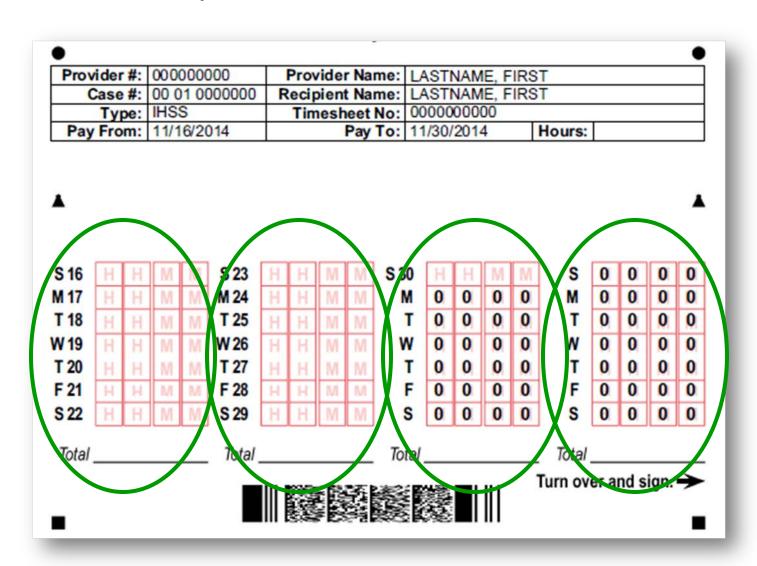
All timesheets must be signed by both the recipient and provider.



This section has information with provider and recipient names including the case and provider numbers. The dates for this timesheet are also listed. Please note that the recipient's monthly authorized hours are now reflected on the timesheet.

Prov	idor	#-	000	0000	000		Dros	ida	r Na	me: L/	CTA	NAM		IDO	т				-
	Case	_			000000					me: L/									\dashv
			IHS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+.,				No: 00				1110					\dashv
Pay	Fro	m:	11/1	6/20)14					To: 11					Hours:				\neg
S 16 M 17 T 18 W 19 T 20 F 21 S 22	H H H H H	H H H H	M M M M M M	M M M M M	S 23 M 24 T 25 W 26 T 27 F 28 S 29	H H H H	H H H H	M M M M M	M M M M M	S 30 M T W T F S	0 0 0 0 0	H 0 0 0 0	M 0 0 0 0	M 0 0 0 0	S M T W T F S	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0
Total Total Total Total									_										
															Turn ov	er a	nd s	ign.	→

The timesheet is organized by weeks. The dates not included in this pay period are indicated by the zeros.



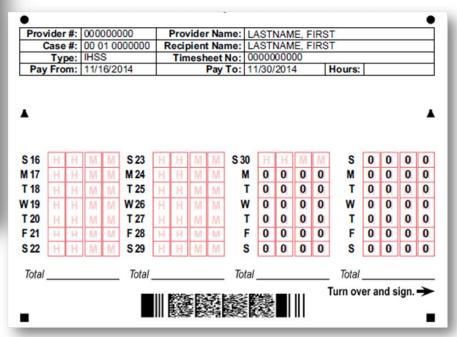
The total amount of time worked for each week is recorded in these sections. This Total Line is optional for the provider's use.

Type: IHSS			00000						me: L									
Pay From: 11/16/2014 Pay To: 11/30/2014 Hours: 16 H H M M S23 H H M M S30 H H M M S 0 0 0 0 0 17 H H M M T25 H H M M T 0 0 0 0 T 0 0 0 0 0 18 H H M M W26 H H M M W 0 0 0 0 W 0 0 0 0 0 19 H H M M W26 H H M M W 0 0 0 0 0 T 0 0 0 0 0 0 0 0 0 0 0 0 0					R	Recipient Name: LASTNAME, FIRST												
16 H H M M S23 H H M M S30 H H M M S 0 0 0 0 0 17 H H M M M T 25 H H M M T 0 0 0 0 T 0 0 0 0 0 19 H H M M W26 H H M M W 0 0 0 0 W 0 0 0 0 0 0 0 0 0 0 0 0	Type: IHSS				Timesheet No: 000000					0000	0000							
17 H H M M M 24 H H M M M M 0 0 0 0 M 0 0 0 0 0 18 H H M M M T 25 H H M M M T 0 0 0 0 T 0 0 0 0 0 0 19 H H M M W 26 H H M M W W W W W W W W W W W W W W W W	Pay From:	11/16	6/2014	4	Pay To:				To: 11	/30/	2014	4		Hours:				
	18 H H 19 H H 20 H H	IVI IVI IVI	M M T M W M T M F	M 24 F 25 V 26 F 27 F 28	H H H	HHHH	M M M	M M M	M T W T	0 0 0	0 0 0	0 0 0 0	0 0 0 0	M T W T F	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0

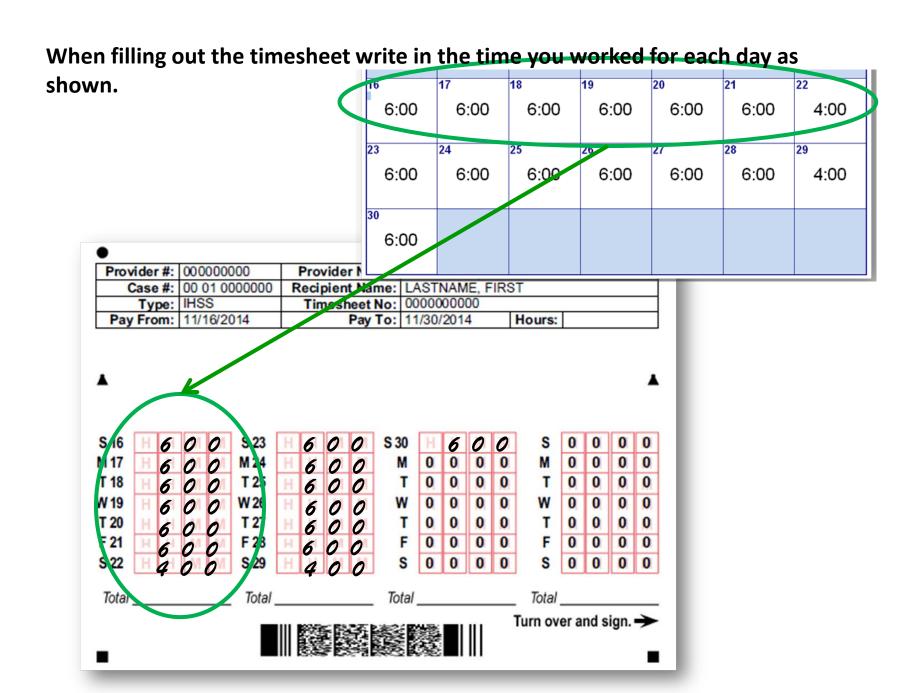
Filling out the IHSS Time Sheet

Make sure you have a way to keep track of the hours you have worked. It is a good idea to use a calendar for this.

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

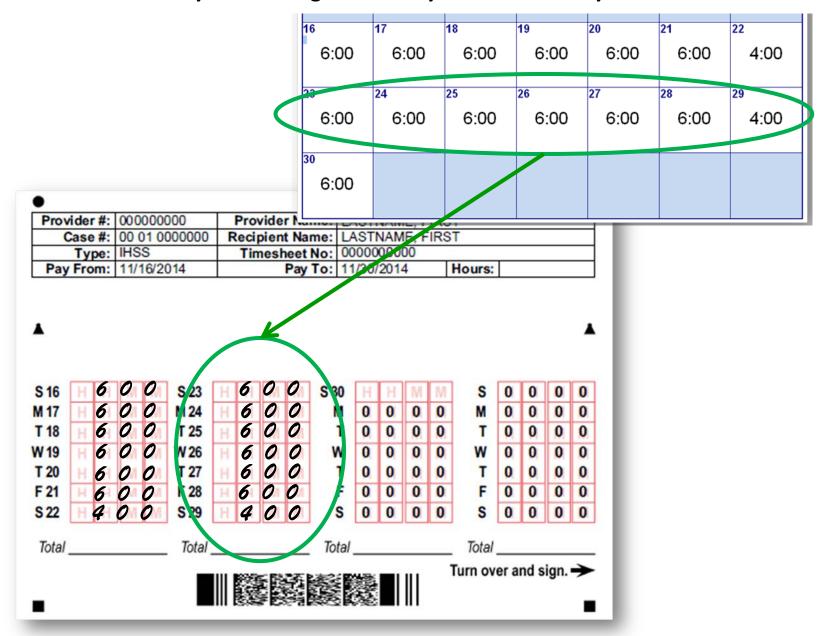






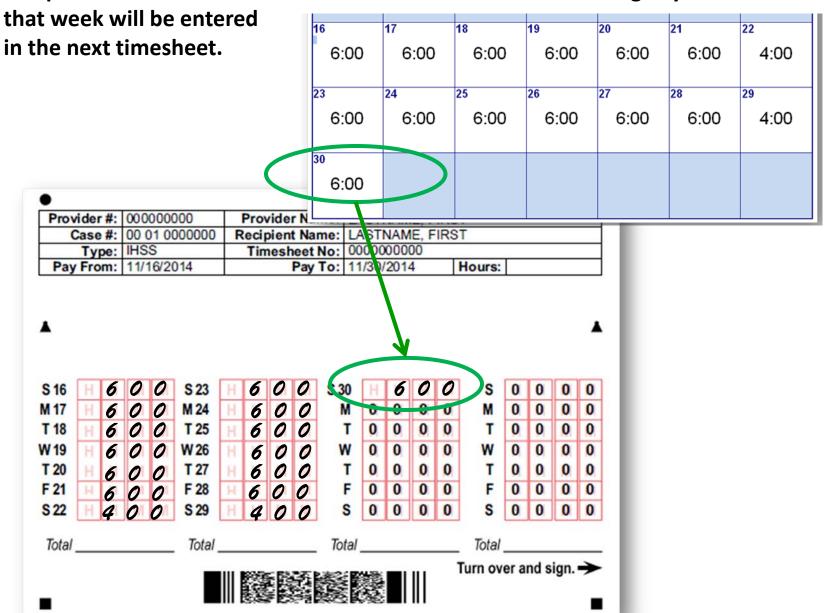


Do the same for every week using the times you recorded on your calendar.





The partial week will be entered as shown below. The remaining days of





- ✓ Follow the instructions on the timesheet.
- ✓ Timesheets *must* be signed by both the recipient and provider.
- ✓ Timesheets are organized by weeks. Dates not included in this pay period are indicated by the zeros.
- ✓ Ensure you have a way to track the hours you have worked (i.e., Calendar).
- ✓ When filling out the timesheet write the time you worked for each day. This should reflect the hours you have been tracking.