

Fax Toll Free using 1-888-800-7336
Email to: Payroll@MYMRCI.ORG

Veteran Directed
MRCI-CDS Time Sheet
Please PRINT using black ink

Employee # _____ for office use only

Employee's Name: _____

Veteran's Name: _____

Veteran's Representative: _____ Daytime Phone # _____

2-Week Pay Period: Sun: _____ Sat: _____
(mm/dd/year) (mm/dd/year)

Was the Veteran **hospitalized** during this pay period? Yes No
If yes, dates hospitalized _____ to _____

Date	FROM	Hours	TO	Total Hours
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____

Hourly rate: \$ _____ **Totals for the pay period** _____
The hours recorded above are accurate and complete for the period indicated.

Signature of Employee

Signature of Veteran/Representative

Not valid unless signed by both Parties

****If hours exceed 40 in a calendar week (Sunday thru Saturday), the resulting overtime may be reportable to the County****

FOR OFFICE USE ONLY: Total wages = _____	
P.P.E. _____	% of TW = _____
___ Spreadsheet	Total = _____