

INDIVIDUALIZED HOME SUPPORTS (IHS)
Formerly Personal Support



Email to: Payroll@MyMRCI.org

Employee Name: _____

Client Name: _____

Client Rep: _____

2-Week Pay Period Sunday ___/___/___ thru Saturday ___/___/___

Dates of Service:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Time in	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Time out	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Total hours per day							

Total for the week



Dates of Service:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Time in	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Time out	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Total hours per day							

Total for the week

Wage/hour	\$	Total hours for the two weeks
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Has the Client been in the Hospital, a Care Facility or Incarcerated during these two weeks? If so, please complete the following: Date in _____ Date out _____

Acknowledgement and Required Signatures (not valid unless signed by both Parties):

Review the completed time sheet for accuracy before signing. **It is a federal crime to provide false information on this timesheet.** Your signature verifies the time and services entered above are accurate. *All time documented is assumed to be 1 staff to 1 client (1:1) unless otherwise noted above time entry for that shift. For example, staff working with 2 clients at once should indicate 1:2 above time entry, 1:3 etc. A separate timesheet should be done for each client with whom the staff works.

Employee Signature **Date** **Client/Client Rep** **Date**