

PUBLIC PARTNERSHIPS, LLC EMPLOYEE TIMESHEET (Fiscal Management for West Virginia Personal Options)



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Participant's Name: _____

Participant's ID:

Service (Fill one)
 Homemaker Base Rate

Employee's Name: _____

Employee's ID:

FAX: PPL @ 1-866-388-2286 MAIL: PUBLIC PARTNERSHIPS, WVPO, 6 Admirals Way Chelsea, MA 02150

Version 1.1 080907

Week 1 Begin: Monday (mm/dd/yy) / /

	Time	IN	AM/PM	Time	OUT	AM/PM	Total Hours
Mon			AM <input type="radio"/>			PM <input type="radio"/>	
			PM <input type="radio"/>			AM <input type="radio"/>	
Tue			AM <input type="radio"/>			PM <input type="radio"/>	
			PM <input type="radio"/>			AM <input type="radio"/>	
Wed			AM <input type="radio"/>			PM <input type="radio"/>	
			PM <input type="radio"/>			AM <input type="radio"/>	
Thu			AM <input type="radio"/>			PM <input type="radio"/>	
			PM <input type="radio"/>			AM <input type="radio"/>	
Fri			AM <input type="radio"/>			PM <input type="radio"/>	
			PM <input type="radio"/>			AM <input type="radio"/>	
Sat			AM <input type="radio"/>			PM <input type="radio"/>	
			PM <input type="radio"/>			AM <input type="radio"/>	
Sun			AM <input type="radio"/>			PM <input type="radio"/>	
			PM <input type="radio"/>			AM <input type="radio"/>	

Week 2 End: Sunday (mm/dd/yy) / /

	Time	IN	AM/PM	Time	OUT	AM/PM	Total Hours
Mon			AM <input type="radio"/>			PM <input type="radio"/>	
			PM <input type="radio"/>			AM <input type="radio"/>	
Tue			AM <input type="radio"/>			PM <input type="radio"/>	
			PM <input type="radio"/>			AM <input type="radio"/>	
Wed			AM <input type="radio"/>			PM <input type="radio"/>	
			PM <input type="radio"/>			AM <input type="radio"/>	
Thu			AM <input type="radio"/>			PM <input type="radio"/>	
			PM <input type="radio"/>			AM <input type="radio"/>	
Fri			AM <input type="radio"/>			PM <input type="radio"/>	
			PM <input type="radio"/>			AM <input type="radio"/>	
Sat			AM <input type="radio"/>			PM <input type="radio"/>	
			PM <input type="radio"/>			AM <input type="radio"/>	
Sun			AM <input type="radio"/>			PM <input type="radio"/>	
			PM <input type="radio"/>			AM <input type="radio"/>	

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By signing below, I certify that I have provided the services to the employer during the times described on this timesheet.
 Date (mm/dd/yyyy): / / Employee Signature: _____

By signing below, I certify that "I" received the hours of service as reported and the hours do not exceed my monthly plan.
 Date (mm/dd/yyyy): / / Employer Signature: _____

WARNING: Falsifying a signature or reporting hours not worked is Medicaid fraud.