

**PUBLIC PARTNERSHIPS, LLC EMPLOYEE TIMESHEET (West Virginia Personal Options Aged & Disabled Wavier)**



336

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 08090/

**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"/>	

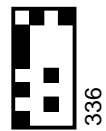
**Week 2**    End: Sunday (mm/dd/yy)   /   /

	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"/>	

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.**



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