

INTRODUCTION

PCG Public Partnerships accepts paper timesheets by fax or mail. Paper timesheets are read by a machine (like those that read standardized tests), so it is important that **every field is filled in clearly and with the correct information**. Paper timesheets received by Public Partnerships with fields that are either not filled in and/or contain incorrect information **cannot be paid**. Please review the sample paper timesheet below and the corresponding Explanation of Timesheet Fields that follows.

SAMPLE PAPER TIMESHEET

PUBLIC PARTNERSHIPS, LLC Employee Timesheet (New Jersey DDD Self-Directed Option Program) FAX to 1-844-231-4793

A Individual: (Last Name, First Name) _____ **B** Individual ID (DDD ID): _____ **F** Procedure/Waiver Code (Fill 1)
 H2021HI52 S5110HI
 T2015S T1005HIU8
 H2016HIU8 T100522
 H2016I5E T2041HIU7
 T1013HI52

C Employee: (Last Name, First Name) _____ **D** Employee ID: _____ **E** Plan ID: _____ **G** Outcome No.: _____ **H** Service No.: _____

Week 1 Begin: Monday (mm/dd/yyyy) **I** / **J** / **20** **Week 2** End: Sunday (mm/dd/yyyy) **J** / **K** / **20**

	Time In			Time Out			Sub-Total Hours		Time In			Time Out			Sub-Total Hours	
	HH	MM	AM/PM	HH	MM	AM/PM	HH	MM	HH	MM	AM/PM	HH	MM	AM/PM	HH	MM
Mon	K			L			M									
Tue																
Wed																
Thu																
Fri																
Sat																
Sun																

By signing below, I certify that I have provided the services to the individual during the times described on this timesheet.
 Date (mm/dd/yyyy): **O** / **P** / **20** Employee Signature: **N**

By signing below, I certify that the individual has received the hours of service as reported above.
 Date (mm/dd/yyyy): **Q** / **R** / **20** Authorized Representative/Employer Signature: **P**

*** USE BLACK INK, PRINT ONE CHARACTER PER BOX, TRY NOT TO TOUCH THE LINES!!!** CORRECT → **12 01 29** INCORRECT → **12 01 29** *** SUBMIT YOUR TIMESHEET ONLINE! GO TO [HTTPS://FMS.PUBLICPARTNERSHIPS.COM](https://fms.publicpartnerships.com) FOR FAST, SECURE, REAL-TIME VALIDATION**

EXPLANATION OF PAPER TIMESHEET FIELDS


- A. **Individual Name:** Clearly print the Last Name and First Name of the individual who receives services. *Example: Smith, John*
- B. **Individual ID (DDD ID Number):** Clearly print each numerical digit of the six-digit DDD ID Number in **its own box**. (The DDD ID Number is assigned by DDD at the time an individual applies for DDD services.) *Example: 123456*
- C. **Employee Name:** Clearly print Last Name and First Name of the employee who is providing services to the individual. *Example: Swain, Andrew*
- D. **Employee ID:** Clearly print each numerical digit of the six-digit Public Partnerships ID Number in **its own box**, following "PONJ". (The Public Partnerships ID Number is assigned to an employee at the time of enrollment with Public Partnerships and always begins with "PONJ".) *Example: PONJD001234.*
- E. **Plan ID:** Clearly print the individual's most current approved Plan ID in the **right-hand box**. (The Plan ID is found in the individual's service plan. If you do not know the individual's Plan ID, contact the individual's Support Coordinator.) Do not print a zero before the Plan ID number; and only print the Plan ID number that appears BEFORE the decimal point in the service plan. *Example: Plan ID is 3.15 in the service plan. Print 3 in the right-hand box.*



	3
Plan ID:	



3	
Plan ID:	




0	3
Plan ID:	


- F. **Procedure/Waiver Code:** Clearly fill in the circle next to the Procedure/Waiver code associated with the authorized service. (Each authorized service is assigned a Procedure/Waiver Code in the service plan. If you do not know the Procedure/Waiver code, contact the individual's Support Coordinator.) **Please Note: Only one Procedure/Waiver Code can be selected per timesheet.**
- G. **Outcome No:** Clearly print the Outcome Number associated with the authorized service in the **right-hand box**. (Each authorized service has at least one associated Outcome Number. If you do not know the Outcome Number, contact the individual's Support Coordinator.) Do not print any zeros before the Outcome Number. *Example: The associated Outcome Number is 5. Print 5 in the right-hand box.*



		5
Outcome No.:		




	5	
Outcome No.:		





0	0	5
Outcome No.:		

H. **Service No:** Clearly print the Service Number associated with the authorized service in the **right-hand box/es**. (Each authorized service is assigned a Service Number in the service plan. If you do not know the Service Number, contact the individual’s Support Coordinator.). Do not print any zeros before the number.

Example: The Service Number is 12. Print 12 in the right-hand boxes.

		1	2
Service No.:			

		1	2
Service No.:			

		0	1	2
Service No.:				

- I. **Week 1 Begin Date:** This is the first day (Monday) of the pay period. Please refer to the current pay schedule to enter the correct Begin Date. *Example: 10/09/2017*
- J. **Week 2 End Date:** This is the last day (Sunday) of the pay period. Please refer to the current pay schedule to enter the correct End Date. *Example: 10/22/2017*
- K. **Time In:** For each day worked, print the time the employee started working, and clearly fill in the circle next to either AM or PM. (Employees can enter two shifts per day.) *Example: 12:00 PM*
- L. **Time Out:** For each day worked, print the time the employee finished working, and clearly fill in the circle next to either AM or PM. (Employees can enter two shifts per day.) *Example 6:45 PM*
- M. **Sub-Total Hours:** Print the total number of hours worked for each shift. *Example: Time In is 12:00 PM and Time Out is 6:45 PM. Sub-Total Hours is 6 hours and 45 minutes*
- N. **Employee Signature:** The employee must sign the timesheet inside this box.
- O. **Employee Signature Date:** Print the date the employee reviewed and signed the timesheet. The Employee Signature Date cannot be a date that falls before the last date worked on the timesheet. *Example: 10/22/2017*
- P. **Authorized Representative/Employer Signature:** The authorized representative or employer must sign the timesheet inside this box.
- Q. **Authorized Representative/Employer Signature Date:** Print the date the authorized representative or employer reviewed and signed the timesheet. The Authorized Representative/Employer Signature Date cannot be a date that falls before the last date worked on the timesheet. *Example: 10/23/2017*

SPECIAL CIRCUMSTANCES

Working Overnight: When an employee works overnight (past midnight), then he/she must complete one line for the work he/she did before midnight and another line for the work he/she did after midnight. *Example: an employee worked overnight on Friday from 9:00 PM to 6:00 AM. The Time In for Friday is 9:00 PM, and the Time Out for Friday is 11:59PM. Then, Time In for Saturday is 12:00 AM, and Time Out for Saturday is 6:00 AM.*

Fri	09	:00	AM	PM	11	:59	AM	PM
			<input checked="" type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input checked="" type="radio"/>
Sat	12	:00	AM	PM	06	:00	AM	PM
			<input checked="" type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input checked="" type="radio"/>

Multiple Shifts: Some employees provide services to an individual multiple times in one day. An employee can enter two different Time In and Time Out times on one timesheet, but must enter each shift **on a separate line**. If an employee needs to enter more than two Time In and Time Out times for the same day, then a second timesheet for the same pay period must be completed. *Example: an employee worked from 9:00 AM to 10:05 AM, and then left to run a personal errand. The employee returned and resumed working at 11:15 AM, and then left for the day at 12:30 PM.*

Fri	0	9	:	0	0	AM	PM	1	0	:	0	5	AM	PM
	1	1	:	1	5	AM	PM	1	2	:	3	0	AM	PM

IMPORTANT RULES TO REMEMBER

- **Print clearly!** If the individual/employer cannot read the timesheet, employee payment may be delayed. Fill in all the required fields. Employee cannot be paid unless all fields are filled in.
- Use dark ink.
- If an employee works for more than one individual/employer, a separate timesheet must be completed for each individual/employer.
- The exact Time In and Time Out must be recorded – times should not be rounded up or down. PPL’s system automatically rounds times as appropriate.
- If a mistake is made on a timesheet, it should be discarded and a new timesheet started. Using whiteout on a timesheet to attempt to correct mistakes may delay payment.
- Do not include more than one numerical digit in any box.
- Only submit a paper timesheet ONCE – either by fax or by mail. If a timesheet is submitted more than once, PPP’s system will recognize a duplicate and employee payment will be delayed.

COMMON MISTAKES

- Entering incorrect information, such as Plan ID, Service Number and/or Outcome Number. To avoid entering incorrect information, be sure to have a current copy of the individual’s service plan. Please note that when the Plan Year changes, there may also be changes to this information.
- Forgetting to fill in the AM/PM circles, or filling in the wrong one.
- Forgetting to fill in the Procedure/Waiver Code circle, or filling in the wrong one.
- Forgetting to have both the employee and the authorized representative/employer sign the timesheet.

SUBMITTING PAPER TIMESHEETS

- The standard method for submitting employee time worked to Public Partnerships is electronically, by using e-Timesheets on the BetterOnline™ web portal. Submitting employee time worked through e-Timesheets allows the user to complete/submit timesheets online, view payment status, and search for timesheets previously submitted/paid. To register, go to the BetterOnline™ web portal and follow the Registration Instructions: <https://fms.publicpartnerships.com/PPLPortal/login.aspx>.
- The paper timesheet is available to download and print on the Public Partnerships DDD website, under Program Documents: www.publicpartnerships.com/programs/newjersey/ddd/index.html. **DO NOT EMAIL** paper timesheets to Public Partnerships. Paper timesheets can be sent by fax or by mail, as follows:

BY FAX:
1.844.231.4793

BY MAIL:
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