

Paper Timesheet Instructions

Public Partnerships accepts paper timesheets by fax or mail. Timesheets are read by a machine (like the ones that read standardized tests), so it is important that you fill out these timesheets clearly and completely.

PUBLIC PARTNERSHIPS, LLC Employee Timesheet (New Jersey Personal Preference Program) FAX to 1-844-561-5983

A. _____ B. C O N J P _____
 Participant: (Last Name, First Name) Participant ID:

C. _____ D. P O N J P _____
 Employee: (Last Name, First Name) Employee ID:

Service Type (fill ONE)
 PCA
 PCA Group E.

Activity Codes: (Select one for each shift)
 01: Bathing 02: Dressing
 03: Errands 04: Grocery Shopping
 05: Grooming 06: Health Related
 07: Laundry 08: Meals
 09: Toileting 10: Transfers/Mobility

20202

Week 1	Begin: Monday (mm/dd/yyyy) F. <u> </u> / <u> </u> / <u>20</u> <u> </u>					Primary Activity	Week 2	End: Sunday (mm/dd/yyyy) G. <u> </u> / <u> </u> / <u>20</u> <u> </u>				
	Time In	AM/PM	Time Out	AM/PM	Primary Activity			Time In	AM/PM	Time Out	AM/PM	Primary Activity
Mon	<u>H</u>	<input type="radio"/> AM <input type="radio"/> PM	<u>I</u>	<input type="radio"/> AM <input type="radio"/> PM	<u>J</u>							
Tue		<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM								
Wed		<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM								
Thu		<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM								
Fri		<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM								
Sat		<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM								
Sun		<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM								

By signing below, I certify that I have provided the services to the participant during the times described on this timesheet.
 Date (mm/dd/yyyy): K / / 20 Employee Signature: L

By signing below, I certify that the participant has received the hours of service as reported above.
 Date (mm/dd/yyyy): M / / 20 Participant/Employer Signature: N

* USE BLACK INK, PRINT ONE CHARACTER PER BOX, TRY NOT TO TOUCH THE LINES!!! CORRECT → 12 01 29 INCORRECT → 50 2H 27 * SUBMIT YOUR TIMESHEET ONLINE! GO TO [HTTPS://FMS.PUBLICPARTNERSHIPS.COM](https://fms.publicpartnerships.com) FOR FAST, SECURE, REAL-TIME VALIDATION

Required Fields

All of these fields **MUST** be completed for the timesheet to be paid. This list corresponds to the timesheet image found on the previous page.

- Participant Name:** This is the name of the participant receiving services. Please print the participant's name clearly on the line.
- Participant ID:** This ID is the participant's PPL ID.
- Employee Name:** This is the name of the employee who is providing services to the participant, for days worked on this timesheet.
- Employee ID:** This ID is the employee's PPL ID.

E. **Service Type:** Fill in the circle for the service being provided (PCA or PCA Group).

“Do I select PCA or PCA Group?” Most employees will select **PCA** (T2025 SE) for the shift they worked. **PCA-GROUP** (S9122 SE) is selected when the employee serves multiple program participants simultaneously, during the same shift; a timesheet for each program participant served is submitted.

F. **Week 1 Begin Date:** This is the first day of the pay period. Your pay schedule will list these dates for you. Please enter the first day of the pay period on this line (*even if you don't start work on this date*).

G. **Week 2 End Date:** This is the last day of the pay period. Your pay schedule will list these dates for you. Please enter the last day of the pay period on this line (*even if your last date worked for the pay period is before this date*).

H. **Time IN:** Enter the time the employee started working. *Please remember that you **MUST** fill in the corresponding circle for AM or PM.*

I. **Time OUT:** Enter the time the employee finished working. *Please remember that you **MUST** fill in the corresponding circle for AM or PM.*

J. **Primary Activity:** Enter the two-digit code of the primary activity that you provided during this shift. See the Activity Code Key located near the top-right corner of the timesheet (e.g., 01 = Bathing, 05 = Grooming, 09 = Meals, etc.)

K. **Date of Employee Signature:** This should be the date that the employee reviewed and signed the timesheet. This date must not be before the last date worked on the timesheet.

L. **Employee Signature:** Signature of the Employee who provided service on the dates worked.

M. **Date of Participant/Employer Signature:** This should be the date that the Participant/Employer reviewed and signed the timesheet. This date must not be before the last date worked on the timesheet.

N. **Signature of Participant/Employer:** Signature of the Participant/Employer who reviewed and approved the timesheet.

Special Situations

1. **Working overnight:** When you work overnight (past midnight), you must complete one line for work you did before midnight and another line for work you did after midnight.

For example, say you worked overnight Friday from 9:00 PM to 6:00 AM. Enter the Time IN as 9:00 PM. Enter the Time OUT for Friday as 11:59PM. Now, you did not finish working at 11:59 PM, you just finished working on Friday at that time. Enter the rest of your time from 12:00 AM to 6:00 AM in the Saturday line.

Fri			:			AM	PM				AM	PM
	0	9	:	0	0	AM	PM	1	1	:	5	9
			:			AM	PM				AM	PM
Sat	1	2	:	0	0	AM	PM	0	6	:	0	0
			:			AM	PM				AM	PM
			:			AM	PM				AM	PM

2. **Many employees work with a participant multiple times in one day.** You can enter two different in and out times on one timesheet, but you must enter each on a separate line. If you need to enter more than two in and out times for the same day, you will need to move onto a second timesheet for the same pay period.

For example, say you started working for Megan at 9:00 AM. You helped her until 10:05 AM. You left to run an errand, came back at 11:15 AM, and stayed until 12:30 PM. You would enter one line for each time you were providing services as shown below.

Fri	09	:	00	AM	PM	10	:	05	AM	PM
	11	:	15	AM	PM	12	:	30	AM	PM

Other Rules:

- Fill in the timesheet clearly. The participant/employer will need to be able to read the timesheet clearly or your payment may be delayed.
- Fill in all the required fields. You will not be paid unless all of the fields are filled in.
- Use dark ink.
- Use separate timesheets for different participants.
- Do not round time. Write the exact time. Our systems will round your time for you.
- If you make a mistake, use a new timesheet; do not use Whiteout.

Obtaining Timesheets

The standard method to submit an employee’s time worked to Public Partnerships is electronically, using e-Timesheets on the BetterOnline™ web portal or through your smartphone using the Time4Care™ application.

Submitting time worked through e-Timesheets or Time4Care™ allows the user to fill-out and submit timesheets online, view the status of payments, and search for timesheets previously entered and paid in the system. All of this can be done at the user’s convenience and without having to call Public Partnerships’ customer service to confirm that a timesheet was received.

If you are unable to complete timesheets electronically and will utilize paper timesheets, please contact our Customer Service Center. We will mail your participant/employer pre-populated timesheets.

Where to Send Timesheets

Fax to: 1.844.561.5983

Mail to: Public Partnerships LLC
 New Jersey PPP Program
 PO Box 51476
 Phoenix, AZ 85076-1476