

Participant: (Last Name, First Name)

C	O	N	J	P							
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Participant ID:

Employee: (Last Name, First Name)

P	O	N	J	P							
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Employee ID:

Service Type (fill ONE)

PCA  PCA Group  Sick Time

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   11: Sick Time

55331



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

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):

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	20	<input type="text"/>	<input type="text"/>
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Employee Signature:

<input style="width: 100%;" type="text"/>
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By signing below, I certify that the participant has received the hours of service as reported above.

Date (mm/dd/yyyy):

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	20	<input type="text"/>	<input type="text"/>
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Participant/Employer Signature:

<input style="width: 100%;" type="text"/>
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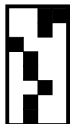
**\* USE BLACK INK, PRINT ONE CHARACTER PER BOX, TRY NOT TO TOUCH THE LINES!!!**    CORRECT → 

1	2	0	1	2	9
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    INCORRECT → 

3	0	2	4	2	9
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**\* SUBMIT YOUR TIMESHEET ONLINE! GO TO [HTTPS://FMS.PUBLICPARTNERSHIPS.COM](https://fms.publicpartnerships.com) FOR FAST, SECURE, REAL-TIME VALIDATION**



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