

**PUBLIC PARTNERSHIPS, LLC EMPLOYEE TIMESHEET (West Virginia Personal Options - TBI Waiver Program)**

Participant's Name: \_\_\_\_\_

Participant's ID:

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Employee's Name: \_\_\_\_\_

Employee's ID:

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Service (Fill one)

Personal Attendant Service

57288

FAX: PPL @ 1-877-692-8470

MAIL: PUBLIC PARTNERSHIPS, P.O. Box 5157 Charleston, WV 25361

**Week 1**

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

**Week 2**

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

Time IN AM/PM Time OUT AM/PM Total Hours

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

Time IN AM/PM Time OUT AM/PM Total Hours

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

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Employee Signature:

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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):

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Employer Signature:

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57288

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