

Timesheets

The first timesheet will be included in the Provider's enrollment packet. Subsequent timesheets will be received with each paycheck. There are two pay periods within the month, the 1st through the 15th and the 16th through the end of the month.

To ensure that paychecks are received in a timely manner, fill in all necessary fields accurately and completely. If incorrect, the timesheet will be returned by mail for completion.

Completing Your IHSS Timesheet

1. **Recipient Section:** The person receiving the IHSS services; the Consumer's name, current address and IHSS case number.
2. **Provider Section:** The person delivering IHSS services; the Provider's name, current address and provider number. If address is new, check the box and put the new address on the reverse side of the timesheet.
3. **Day of Month/Hours Worked:** Shows the dates of the pay period and the total number of hours available for the month. **Note:** the timesheet for the 1st to the 15th shows the total number of hours the consumer is authorized to receive for the entire month. The timesheet for the 16th to the last day of the month shows the number of hours remaining.
4. **Days Worked:** Shows the dates worked.
5. **Hours Worked:** Shows actual hours worked for each day.
6. **Total Hours:** Shows total number of hours for one pay period.
7. **Share of Cost:** If the Consumer has a share of cost, this is the amount the Consumer is responsible for paying directly to Provider. For questions regarding share of cost, contact the County IHSS Social Worker.
8. **Recipient Signature:** Consumer must sign and date after Provider has completed timesheet to verify hours worked.

9. Provider Signature: Provider must sign and date to verify.

TIMESHEET EXAMPLE

IHSS Timesheet																	
Recipient Number 04-00012345 CONSUMER 1 1 ANY STREET SOMEWHERE, CA 12345 Address Change Yes <input type="checkbox"/> Write new address on reverse side								Provider Number 456789 PROVIDER 3 SOME PLACE SOMEWHERE, CA 12345 Address Change Yes <input type="checkbox"/> Write new address on reverse side									
3 JANUARY 1999 EMPLOYER REMAINING SERVICE HOURS ARE 9.5																	
4 Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	X	3.0	X	X	X	X	3.1	X	X	3.4	X	X	X	X	X		
5 Hours Worked																	6
here _____ Fill in hours for each day worked and place total apunte el total aqui` Llene las horas para cada dia que trabajo` y																	
7 Share of Cost Liability \$0.00				Other Liability				Provider Overpayment									
"Do not sign unless you have read and understand instructions above." "No firme hasta que haya leído y entendido las instrucciones al dorso."																	
Send to address of consumer/recipient's designated county office Address is preprinted on consumer/recieipient's original timesheet								Recipient Signature _____ Date _____ 8									
								Provider Signature _____ Date _____ 9									
After work has been completed, sign, date and mail to this address Una vez que se haya completado el trabajo, firmese y envíese a esta direccio`n:																	
This is to certify that the information contained in this form is true, accurate and complete, and that the provider and recipient have read, understand and agree to be bound by and comply with the statements, affirmations and conditions contained on the back of this form. Por medio de la presente certifico que la informacio`n que contiene esta forma es verdadera correcta y completa, y que el proveedor y la persona que recibe los beneficios han leído, entienden y esta`n de acuerdo en someterse a, y cumplir con las declaraciones, afirmaciones y condiciones que contiene el dorso de esta forma.																	

Helpful Hints for Filling Out Timesheets

- Write clearly. Use only blue or black ink.
- Do NOT use white out. If mistakes are made, cross them out and have Consumer initial **All** changes.
- Submit only the authorized hours worked per pay period.
- Put an "X" in the boxes of days not worked.
- Consumers should never sign a blank timesheet.
- Total the hours worked and make sure the Consumer and the Provider sign the completed timesheet.
- Provider should not work over 60% of the total monthly hours the 1st half of any month.
- When the County IHSS Department receives the correctly completed timesheet, Providers should receive a paycheck from the State of California within 10 business days.
- Remember when there is a holiday paychecks may be delayed.

Decimal Conversion Chart

Many Consumers are authorized partial, as well as whole hours. For example, the Consumer may be authorized for 36.1 hours per month. The following conversion chart converts decimal amounts to minutes.

.1 = 3-6 minutes	.6 = 31-36 minutes
.2 = 7-12 minutes	.7 = 37-42 minutes
.3 = 13-18 minutes	.8 = 43-48 minutes
.4 = 19-24 minutes	.9 = 49-54 minutes
.5 = 25-30 minutes	

Where to Submit Timesheets

Once completed, Providers mail or drop off the timesheet to:

Nevada County

Mail to:

*IHSS Time Sheets
Services
PO Box 1210
Nevada City, CA 95959*

Drop off:

*Nevada County Social
950 Maidu Avenue
Nevada City, CA 95959*

Plumas County

Mail to or Drop off:

*Plumas County IHSS
270 County Hospital Road, Suite 207
Quincy, CA 95971*

Sierra County

Mail to:

*Sierra Co. Social Services
Services
PO Box 1019
Loyalton, CA 96118*

Drop off:

*Sierra Co. Social
202 Front Street
Loyalton, CA 96118*