TIMESHEET INSTRUCTIONS

Make sure your timesheet is filled out completely and correctly. All entries must be printed neatly inside the boxes, without touching any border (see examples below). AM/PM bubbles must be filled completely. If letters or numbers are not within the boxes, or are not readable, payment may be delayed. Each shift worked must include Service Date, Time In with AM/PM, Time Out with AM/PM, and Service Code.

Want to avoid the hassle of paper timesheets? Enter your time the quick, easy, and secure way by visiting www.mydirectcare.com today! Contact us and we'll help you get started!

	Sha	Shade circles completely, like this: Not like this: X									
	Fill	boxes like this:	ABC1	2 3 Not	BC 1						
1.	. Employee Name. Print Employee's name.		CARE NE	TWORK	TIM	Idaho E SHEET nitted by Monday at Midni	ght.				
2.	Employee ID . Seven digit employee ID number.		ne sheets are due every t et AFTER all work is co	wo weeks. Late time of paper time sheets?	r mistakes may sheets will not	result in late pay. Sign th	e time 5 unday	that starte	DD /	YY YY	ek
3.	Participant Name . F Participant's name.	1	nployee Name (Please F	2		Participant Name		4	D 		
4.	Participant ID. Seve	en digit	Service Date MM DD 7	Time In Hour Min - Round nearest 15 mi 0 0 0 15	to I	Fime Out Hour Min - Round to nearest 15 min O 0 O 15 O		de		П	٦
6.	Sunday that started work week. The dat Sunday at the begins the work week, in MM/DD/YY format. Fexample, if the first of the week you worked Tuesday, 10/23/18, the would be 10/21/18. Service Date. The diservices were provided MM/DD format. Time In. The time you began, in HH:MM for Round to the neares Choose AM or PM bein the correct circle.	d your te of the ning of For day of d was then this date that led, in Four shift rmat. 10 10 10 10 10 10 10 10 10 10 10 10 10 1		0 0 0 15 0 30 0 45 0 30 0 45 0 30 0 45 0 30 0 45 0 30 0 45 0 30 0 45 0 30 0 45 0 30 0 45 0 30 0 45 0 30 0 45 0 30 0 45 0 30 0 45 0 30 0 45 0 30 0 45 0 30 0 45 0 30 0 45	O AM O PM O PM O PM O PM O PM O PM O AM O PM	0 30 0 45 0 0 0 0 15 0 0 30 0 45 0	AAM PM AA				
8.	Time Out. The time shift ended, in HH:M format. Round to the 15 min. Choose AM	nearest was	s the Participant in a hos No Yes (ple		O AM O PM st 15 minutes is al	O 30 O 45 O O 30 O 15 O O 30 O 45 O O 30 O 45 O O 30 O 45 O Ursing home, or any other	AM PM or.	y at any ti r	ne during	this wee	ek?
9.	Service Code. The code for the service you performed this shift. Start your code in the FIRST box. Leave any extra boxes empty.		provided to the Participant by the Emplorance vith the Supland Spending Plan. The Participant was not						YY) YY) / 419	3	_ _ _
10	 Hospitalized. Chec Yes. If Yes list date space provided. 		Please see back for Revised 10/31/18 Employee Si MM/DD/YY for dated on or a	i gnature Date ormat. This m	280 E. Corpor ax: 1-877-898 e. In ust be	ate Dr. Suite 150 Meridia -0417 Phone: 1-888-89 13. Participa 14. Participa	_{n, ID} 83642 8-0470 ant Signatu	ure Dat		data	

worked.

11. Employee Signature.

MM/DD/YY format. This must be dated

on or after the last day worked.