

PPL Provider ID:

Provider's Name:

Service:

**FAX: PPL @ 1-866-346-0609**

MAIL: PUBLIC PARTNERSHIPS, LLC - ODA Passport, 17 Plaza Dr., Latham, NY 12110

Year

20

Month

Specify Pay Period:

0 1st - 15th

| |
|------------------------|
| 0 16th to End of Month |
|------------------------|

| Day Worked | | Time IN HH MM | | : | | Time OUT HH MM | | : | | Time IN HH MM | | : | | Time OUT HH MM | | : | | Total Hours HH MM | | : | | |
|--|--|------------------|--|---|--|-------------------|--|---|--|------------------|--|---|--|-------------------|--|---|--|----------------------|--|---|---|--|
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| | | | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | AM PM 0 0 | | : | | |
| TOTAL HOURS WORKED ON THIS TIMESHEET: | | | | | | | | | | | | | | | | | | | | | : | |

By signing below, I certify that I have provided the services to the participant during the times described on this timesheet.

Date:

| | | | | | | | | |
|--|--|---|--|--|---|----|--|--|
| | | / | | | / | 20 | | |
|--|--|---|--|--|---|----|--|--|

Provider Signature: