

PUBLIC PARTNERSHIPS, LLC EMPLOYEE TIMESHEET (Fiscal Intermediary for IN FSSA's Self-Directed Attendant Care Program)

Employer's Phone:

Consumer's ID:

Consumer's Name: () -

Employee's Phone:

Employee's ID:

Employee's Name: () -



PUBLIC PARTNERSHIPS

FAX: PPL @ 866-874-0478 MAIL: PUBLIC PARTNERSHIPS 8000 Avalon Blvd Suite 300 Alpharetta GA 30009

43303



Week 1 Begin: Monday (mm/dd/yyyy) / / Week 2 End: Sunday (mm/dd/yyyy) / /

Table with columns for Day, Time IN, AM/PM, Time OUT, AM/PM, Total Hours. Rows for Mon, Tue, Wed, Thu, Fri, Sat, Sun.

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):

Date input boxes

Employee Signature:

Signature box

I certify that the employer has received hours of service as reported above.

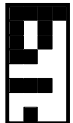
Date (mm/dd/yyyy):

Date input boxes

Consumer/Employer Signature:

Signature box

USE BLACK INK, PRINT ONE CHARACTER PER BOX, FILL CIRCLES COMPLETELY, DO NOT TOUCH THE LINES !!!



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