

Public Partnerships accepts paper timesheets by fax or mail. Timesheets are read by a machine (like the ones that read standardized tests), so it is important that you fill out these timesheets clearly and completely.

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- C. **Participant Name:** This is the name of the participant receiving services. Please print the participant's name clearly on the line.
- D. **Participant ID:** This is participant's PPL ID.
- E. **Service Type:** Fill in the circle for the service being provided.
- F. **Week 1 Begin Date:** This is the first day of the pay period. Your pay schedule will list these dates for you. Please enter the first day of the pay period on this line (*even if you don't start work on this date*).
- G. **Week 2 End Date:** This is the last day of the pay period. Your pay schedule will list these dates for you. Please enter the last day of the pay period on this line (*even if your last date worked for the pay period is before this date*).
- H. **Time IN:** Enter the time the employee started working. *Please remember that you **MUST** fill in the corresponding circle for AM or PM.*
- I. **Time OUT:** Enter the time the employee finished working. *Please remember that you **MUST** fill in the corresponding circle for AM or PM.*
- J. **Date of Employee's Signature:** This should be the date that the employee reviewed and signed the timesheet. This date must not be before the last date worked on the timesheet.
- K. **Employee Signature:** Signature of the employee who provided service on the dates worked.
- L. **Date of Participant's/Employer's Signature:** This should be the date that the Participant/Employer reviewed and signed the timesheet. This date must not be before the last date worked on the timesheet.
- M. **Signature of Participant/Employer:** Signature of the Participant/Employer who reviewed and approved the timesheet.

### **Special Situations**

1. **Working overnight:** When you work overnight (past midnight), you must complete one line for work you did before midnight and another line for work you did after midnight.

*For example, say you worked overnight Friday from 9:00 PM to 6:00 AM. Enter the Time IN as 9:00 PM. Enter the Time OUT for Friday as 11:59 PM. Now, you did not finish working at 11:59 PM, you just finished working on Friday at that time. Enter the rest of your time from 12:00 AM to 6:00 AM in the Saturday line.*

Fri			:			AM	PM			:			AM	PM
	0	9	:	0	0	<input type="radio"/>	<input type="radio"/>			:			<input type="radio"/>	<input type="radio"/>
	1	2	:	0	0	<input type="radio"/>	<input type="radio"/>	1	1	:	5	9	<input type="radio"/>	<input type="radio"/>
Sat			:			AM	PM			:			AM	PM
	1	2	:	0	0	<input type="radio"/>	<input type="radio"/>	0	6	:	0	0	<input type="radio"/>	<input type="radio"/>
			:			<input type="radio"/>	<input type="radio"/>			:			<input type="radio"/>	<input type="radio"/>

2. **Many employees work with a participant multiple times in a day.** You can enter two different in and out times on one timesheet, but you must enter each on a separate line. If you need to enter more than two in and out times for the same day, you will need to move onto a second timesheet for the same pay period.

*For example, say you started working for Megan at 9:00 AM. You helped her until 10:05 AM. You left to run an errand, came back at 11:15 AM, and stayed until 12:30 PM. You would enter one line for each time you were providing services as shown below.*

Fri	0	9	:	0	0	AM	PM	1	0	:	0	5	AM	PM
	1	1	:	1	5	AM	PM	1	2	:	3	0	AM	PM

### **Other Rules:**

- Fill in the timesheet clearly. The participant/employer will need to be able to read the timesheet clearly or your payment may be delayed.
- Fill in all the required fields. You will not be paid unless all the fields are filled in.
- Use dark ink.
- Use separate timesheets for different participants.
- Do not round time. Write the exact time.
- If you make a mistake, use a new timesheet; do not use whiteout.

### **Obtaining Timesheets**

The standard method to submit a timesheet to Public Partnerships is electronically, using e-Timesheets on the BetterOnline™ web portal or through your smartphone using the Time4Care™ smartphone application.

Submitting time worked through e-Timesheets or Time4Care™ allows the user to fill-out and submit timesheets online, view the status of payments, and search for timesheets previously entered and paid in the system. All of this can be done at the user's convenience and without having to call Public Partnerships' customer service to confirm that a timesheet was received.

If you are unable to complete timesheets electronically and will utilize paper timesheets, please contact our Customer Service Center. We will mail your participant/employer pre-populated timesheets.

### **Where to Send Timesheets**

**Fax to:** 1-866-493-9968

**Mail to:** Public Partnerships, LLC  
JACC Program  
8000 Avalon Blvd, Suite 300  
Alpharetta, GA 30009

**Questions? We're here to help. Call our Customer Service Center at 1-866-239-2778.**

# PUBLIC PARTNERSHIPS, LLC EMPLOYEE TIMESHEET (New Jersey Division of Aging JACC Program)

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

Employee ID:

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Participant's ID Number:

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Service Type (fill one)

☐ Chore Services

☐ Home Based Supportive Care (PCA)

12766



FAX: PPL @ 866-493-9968 MAIL: PUBLIC PARTNERSHIPS, 8000 Avalon Blvd, Suite 300 Alpharetta, GA 30009

**Week 1**

Begin: Sunday (mm/dd/yyyy)

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**Week 2**

End: Saturday (mm/dd/yyyy)

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	Time IN		AM/PM	Time OUT		AM/PM	Total Hours	
Sun			AM PM			AM PM		
			○ ○			○ ○		
Mon			AM PM			AM PM		
			○ ○			○ ○		
Tue			AM PM			AM PM		
			○ ○			○ ○		
Wed			AM PM			AM PM		
			○ ○			○ ○		
Thu			AM PM			AM PM		
			○ ○			○ ○		
Fri			AM PM			AM PM		
			○ ○			○ ○		
Sat			AM PM			AM PM		
			○ ○			○ ○		

	Time IN		AM/PM	Time OUT		AM/PM	Total Hours	
Sun			AM PM			AM PM		
			○ ○			○ ○		
Mon			AM PM			AM PM		
			○ ○			○ ○		
Tue			AM PM			AM PM		
			○ ○			○ ○		
Wed			AM PM			AM PM		
			○ ○			○ ○		
Thu			AM PM			AM PM		
			○ ○			○ ○		
Fri			AM PM			AM PM		
			○ ○			○ ○		
Sat			AM PM			AM PM		
			○ ○			○ ○		

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

Date:

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Employee Signature:

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

Date:

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Participant or Responsible Party Signature:

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USE BLACK INK, PRINT ONE CHARACTER PER BOX, FILL IN CIRCLES COMPLETELY, DO NOT MARK OUTSIDE THE LINES.