



YOUR LIFE
YOUR CARE
YOUR PEOPLE

Public Partnerships LLC

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Fax: 1-844-244-4384

Paper Timesheet Exception Form

Consumer Name

PPLID

Designated Representative Name

PPLID

Personal Assistant Name

PPLID

Due to (provide reason Paper Timesheet exception is needed):

I request an exemption from electronic time submission. I agree to submit my hours via a paper timesheet. I understand that both the consumer and personal assistant will need to sign the paper timesheet before it is either faxed or mailed back to PPL.

Agree and sign:

I confirm that I have read and agree to everything stated in this Form.

Signature of Individual Submitting Request:

Date:
