



Submitting Paper Timesheets for New York CDPAP:

Instructions for Personal Assistants (PA) and Consumers

Please use blue or black ink.


- 1 Complete all fields at the top of the timesheet.
- 2 Select the "service type."
- 3 Those who choose two consumers should enter the other consumer's name on the line under the service box.
- 4 Enter the pay period start date.
- 5 Enter the pay period end date.
- 6 Chart "time-in" and "time out" using "a.m." and "p.m." to indicate morning or afternoon shifts.
- 7 Use the "Total Hours" column to write your total shift hours for each day.
- 8 Use the "location" column to indicate where service was provided.
- 9 The PA must sign and date the timesheet.
- 10 The consumer must sign and date the timesheet.

Submit completed timesheets via fax, email, or physical mail:

Fax: 1-844-244-4384

Mail: 17 Plaza Drive, Latham, NY 12110

Email: NYCDPAP_TS@pplfirst.com

 **1** **NY CDPAP – Consumer Directed Services Timesheet**

Consumer's Name _____ PRC-NY: _____
Consumer PPL ID

Personal Assistant's Name _____ PRV-NY: _____
PA PPL ID

FAX: PPL@ 844-244-4384
 EMAIL: NYCDPAP_TS@pplfirst.com
 Mail: 17 Plaza Drive, Latham, NY 12110

2 **Service Type**
☐ One Consumers ☐ Not Live-In
☐ Two Consumers* ☐ Live-In
☐ PTO**
☐ Service Type _____

3 *Other Consumer _____
 **PTO must be submitted on a separate timesheet

Begin Sunday: / / **4** End Saturday: / / **5**

	Time In	AM/PM	Time Out	AM/PM	Total Hours	Location
Sunday 6	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other 8
Monday	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other 7
Tuesday	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
Wednesday	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
Thursday	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
Friday	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
Saturday	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other
	:	AM PM <input type="checkbox"/> <input type="checkbox"/>	:	AM PM <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Home <input type="checkbox"/> Other

9 By signing below, I certify that I have provided the services to the consumer during the times described on this timesheet.
 Personal Assistant Signature _____
 Date / /

10 I certify that the consumer has received hours of service as reported above.
 Consumer or Designated Representative Signature _____
 Date / /

1. If you work overnight, enter your Time Out on the first day as 11:59 PM. On the next line, enter your Time In on the second day as 12:00 AM.
 2. Use black ink. Fill in boxes completely. Print one character per box, and try not to touch the lines.
 3. If there is an issue with your paper timesheet, please provide the best contact number for PPL to notify you of errors

PAs must submit one weekly timesheet per pay period.
 Sick time must be submitted separately on a second time sheet.