

Three Rivers, Inc

504 Miller Dr., PO Box 408
Wamego, KS 66547-0408

OAA Respite Service

Consumer Name: _____
(Print Name)

Personal Attendant Name: _____
(Print Name)

Phone: (785) 456-8573
PAL Fax: (785) 456-6784
Fax: (785) 456-9923

Month/Year: _____ **IMPORTANT: Complete only one payroll section, and then submit your timesheet.**
Use blue or black ink only. Include AM or PM on In/Out times.

Dates 1-15 Payroll Section #1

Date	In	Out	In	Out	In	Out	Total
1 st							
2 nd							
3 rd							
4 th							
5 th							
6 th							
7 th							
8 th							
9 th							
10 th							
11 th							
12 th							
13 th							
14 th							
15 th							
The above hours must be received by noon on the 19th.						Pay Period Total	

Sign after work is completed for the pay period.

Consumer Signature

Date

My signature verifies that the above information is true and correct. I agree to reimburse Three Rivers, Inc. for the above hours as it is stated in my service plan. I understand that failure to pay could result in the immediate cancellation of these services with Three Rivers, Inc.

Personal Attendant Signature

Date

My signature verifies that the above information is true and correct.

Dates 16-31 Payroll Section #2

Date	In	Out	In	Out	In	Out	Total
16 th							
17 th							
18 th							
19 th							
20 th							
21 st							
22 nd							
23 rd							
24 th							
25 th							
26 th							
27 th							
28 th							
29 th							
30 th							
31 st							
The above hours must be received by noon on the 4th.						Pay Period Total	

Office Use Only	
Payroll Date	_____
Entered Date	_____
OPOC	_____

Instructions for Completing Timesheet

(Senior Care Act – Older Americans Act)

Complete the consumer's name, your name, and pay period dates where indicated on the timesheet.

Enter **all** of the days of the pay period in the "Date" column using the format mm/dd/yyyy (mm = month; dd = day; yyyy = year). Pay periods are as follows: 1st –15th and 16th thru the end of the month. Workweeks run Sunday through Saturday.

Enter all duties provided the day worked using the "Legend" at the right. For example, if you performed the duties of bathing, toileting and meal preparation, write A, C and G in the "Duties Provided" column.

Enter the start time for each day worked in the "Start Time" and the end time for each day worked in the "End Time" columns. Circle AM or PM as appropriate.

Enter the total hours worked for each day in the "Total Hours" column.

At the end of each workday, you will initial in the "Attendant Initials" column for the work completed.

At the end of each workday, Consumer is to initial in the "Consumer Initials" column that the work listed was completed.

At the end of the semi-monthly pay period, enter the total the number of hours worked in the "Pay Period Total" box.

You must sign and date the timesheet to verify the hours that you worked.

The consumer must also sign and date the timesheet to confirm that you worked the hours.

Frequently asked questions:

Can we sign the timesheet before we fill it in? No, absolutely not. Your signature verifies the hours listed were actually worked. This is for your safety and security.

What happens if the timesheet isn't filled out correctly or doesn't have both signatures? Your timesheet may be returned to you for correction, which could delay payment.

When should timesheets be turned in to Three Rivers? Timesheets for the first part of the month, 1st – 15th, must be received by Three Rivers by 12 Noon on the 19th of the month. Timesheets for the second part of the month, 16th thru the end of the month, must be received by Three Rivers by 12 Noon on the 4th of the following month.

When does the PA get paid? Pay days are the 10th and 25th of each month.

How will the Personal Attendant receive their check? Three Rivers pays by Direct Deposit or Payroll Card.

General Employment Information:

Overtime, more than 40 hours per week must be approved by Three Rivers in advance.

Immediately notify the payroll department & the counselor of changes to the consumer's routine, such as hospitalizations, vacations, etc., and indicate the consumer's absence on the timesheet. If the consumer is unable to contact the counselor, you should do so. You cannot clock-in for any time while a consumer is not in their home.

Work-related incidents that result in, or may result in injury to you or the consumer, must be reported to Three Rivers within 24 hours of occurrence. You will be given information on procedures to follow for work related injuries.

Submit a copy of your new social security card documenting proof of any name change.

Three Rivers will comply with all garnishment or wage withholding orders as received by a court ordered authority. Three Rivers will deduct an administrative fee of \$5.00 per garnishment from each paycheck, not to exceed \$20 per month, in addition to the garnished amount.

Address and/or Phone Number Change for Personal Attendant: (print)

Name: _____

Address: _____

Phone #: _____ Effective Date: _____