

# Three Rivers, Inc

Type of Program: PD

Consumer Name: \_\_\_\_\_  
(Print Name)

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

Personal Services \_\_\_\_\_

Personal Attendant Name: \_\_\_\_\_  
(Print Name)

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

Transportation \_\_\_\_\_  
Lawn Care/Snow Removal \_\_\_\_\_

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

Sign after work is completed for the pay period.

## Dates 16-31 Payroll Section #2

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

**Consumer Signature**

**Date**

My signature verifies that the above information is true and correct. I understand that providing false information could result in charges of Medicaid Fraud.

**Personal Attendant Signature**

**Date**

My signature verifies that the above information is true and correct. I understand that providing false information could result in charges of Medicaid Fraud.

**Office Use Only**

Payroll Date \_\_\_\_\_

Entered Date \_\_\_\_\_

OPOC \_\_\_\_\_

PS \_\_\_\_\_

MO/Trans \_\_\_\_\_

# Instructions for Completing Timesheet

(PD, TBI, MR/DD, HOME)

**Where do I fill in my time?** Days 1 – 15 should be filled in for the first pay period of the month with initials after each day worked. Days 16 thru the end of the month are filled in on the next timesheet with initials after each day worked. Once you have worked the last day of the month, fill in your hours worked and submit your timesheet.

**How should I fill in my time?** We recommend that you use a calendar to write down the exact time you worked each day, including the time you started work and the time you ended work. At the end of the pay period, write your work time on the timesheet, being sure to put the correct time in and out with AM/PM beside the correct time.

**Do I cut the form in half and only mail in one half?** No. Fill in one half of the timesheet, then deliver, mail or fax the whole form to our Wamego office.

**What day does my workweek start?** The workweek starts Sunday and runs through Saturday.

**Who needs to sign the timesheet?** The **consumer** must sign the timesheet to **confirm** that you worked the hours. Then you must sign the timesheet to **verify** the hours that you worked.

**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, 1<sup>st</sup> – 15<sup>th</sup>, must be received by Three Rivers by 12 noon on the 19<sup>th</sup> of the month. Timesheets for the second part of the month, 16<sup>th</sup> thru the end of the month, must be received by Three Rivers by 12 noon on the 4<sup>th</sup> of the following month.

**When does the PA get paid?** Pay days are the 10<sup>th</sup> and 25<sup>th</sup> 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 a week, must be approved by Three Rivers in advance.

You will not accrue vacation, sick or holiday leave.

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 in a nursing home or hospital.

Work-related incidents that result in, or may result in injury to the 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.

Name changes for payroll purposes can only occur after Three Rivers has received a copy of your new social security card documenting proof of the 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: \_\_\_\_\_