

Consumer Name: _____

(Print Name)

Three Rivers, Inc.

504 Miller Dr., PO Box 408

Wamego, KS 66547-0408

Phone: (785) 456-8573

Fax: (785) 456-9923

Type of Program : TBI

Personal Services _____ Transportation _____

From: _____ / 1 / _____ To: _____ /15 / _____

(mm/dd/yy)

(mm/dd/yy)

Personal

Attendant Name: _____

(Print Name)

Date (MM/DD/YY)	Start Time	End Time	Start Time	End Time	Start Time	End Time	Total Hours	PA Initials	Consumer Initials
/1/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			
/2/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			
/3/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			
/4/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			
/5/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			
/6/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			
/7/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			
/8/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			
/9/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			
/10/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			
/11/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			
/12/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			
/13/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			
/14/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			
/15/	AM	AM	AM	AM	AM	AM			
	PM	PM	PM	PM	PM	PM			

The above hours must be received before noon on the 19th

Sign after work is completed for the pay period.

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.

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, 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 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 the consumer is in a nursing home or hospital.

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.

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: _____