

\_\_\_\_\_  
**Client** (*Print Name*)

**Three Rivers Inc.**  
504 Miller Dr., PO Box 408  
Wamego, KS 66547-0408  
Phone: (785) 456-9915  
Fax: (785) 456-6784

**OAA Respite Service**

\_\_\_\_\_  
**Direct Service Worker** (*Print Name*)

**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.**

<b>Date</b>	<b>In</b>	<b>Out</b>	<b>In</b>	<b>Out</b>	<b>In</b>	<b>Out</b>	<b>Total</b>
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>							
<b>The above hours must be received by noon on the 19th.</b>					<b>Pay Period Total</b>		

Sign after work is completed for the pay period.

\_\_\_\_\_  
**Client Signature** **Date**

My signature verifies that this information is correct.  
Submission of claims for time beyond what is allowed on my  
Plan of Care may be considered Medicaid Fraud.

\_\_\_\_\_  
**DSW Signature** **Date**

My signature verifies that this information is correct. I  
understand that I am only authorized to work hours allowed by  
the approved Plan of Care. Submission of claims for time  
beyond what is allowed may be considered Medicaid Fraud.

Office Use Only	
Payroll Date	_____
Entered Date	_____
OPOC	_____
PS	_____
MO/Trans	

# Instructions for Completing Timesheet

(OAA, PC)

**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 work week start?** The work week starts Sunday and runs through Saturday.

**Who needs to sign the timesheet?** The **client** 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 DSW get paid?** Pay days are the 10<sup>th</sup> and 25<sup>th</sup> of each month.

**How will the DSW 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 of changes to the client's routine, such as hospitalizations, vacations, etc., and indicate the client's absence on the timesheet. You cannot clock-in for any time while a client is in a nursing home or hospital.

Work-related incidents that result in, or may result in injury to you or the client, 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 DSW: (print)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Effective Date: \_\_\_\_\_