

Three Rivers Inc.

504 Miller Dr., PO Box 408
 Wamego, KS 66547-0408
 Phone: (785) 456-8573
 Fax: (785) 456-6784

Attendant Care Timesheet

Pay Period: From: ___/___/16/ To: ___/___/31/

Homemaker

Consumer (Print Name) _____
 Personal Attendant (Print Name) _____

Date	Duties Provided (See Legend)	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Total Hours	Consumer Initials
16th		AM	PM	AM	PM	AM	PM	AM	PM		
17th		AM	PM	AM	PM	AM	PM	AM	PM		
18th		AM	PM	AM	PM	AM	PM	AM	PM		
19th		AM	PM	AM	PM	AM	PM	AM	PM		
20th		AM	PM	AM	PM	AM	PM	AM	PM		
21st		AM	PM	AM	PM	AM	PM	AM	PM		
22nd		AM	PM	AM	PM	AM	PM	AM	PM		
23rd		AM	PM	AM	PM	AM	PM	AM	PM		
24th		AM	PM	AM	PM	AM	PM	AM	PM		
25th		AM	PM	AM	PM	AM	PM	AM	PM		
26th		AM	PM	AM	PM	AM	PM	AM	PM		
27th		AM	PM	AM	PM	AM	PM	AM	PM		
28th		AM	PM	AM	PM	AM	PM	AM	PM		
29th		AM	PM	AM	PM	AM	PM	AM	PM		
30th		AM	PM	AM	PM	AM	PM	AM	PM		
31st		AM	PM	AM	PM	AM	PM	AM	PM		

The above hours must be received before noon on the 4th
 Sign after work is completed for the pay period.

Pay Period Total

Office Use Only

Duties Legend	
A	Bathing/Grooming
B	Dressing/Undressing
C	Toileting
D	Transfer
E	Walking/Mobility
F	Eating
G	Meal Preparation
H	Shopping
I	Money Management
J	Transportation (accompanying)
K	Laundry/Housekeeping
L	Management of Meds

Payroll Date _____
 Entered Date _____
 OPOC _____
 PS _____
 MO/Trans _____

Consumer Signature _____ **Date** _____

*My signature verifies that this information is correct.
 Submission of claims for time beyond what is allowed on my
 Plan of Care.*

Personal Attendant 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.*

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 fill in the "Attendee Initials" column for the work completed.

At the end of each workday, Consumer is to fill 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 Pay 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: _____

SR CARE ACT
Attendant Care Timesheet

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Consumer (Print Name) _____
 Personal Attendant (Print Name) _____
 Pay Period: From: ____/____/____ To: ____/____/____
 (mm/dd/yy) (mm/dd/yy)
 Attendant Care _____ Homemaker _____

Date	Duties Provided	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Total Hours	PA Initials	Initials
1st		AM	PM	AM	PM	AM	PM	AM	PM			
2nd		AM	PM	AM	PM	AM	PM	AM	PM			
3rd		AM	PM	AM	PM	AM	PM	AM	PM			
4th		AM	PM	AM	PM	AM	PM	AM	PM			
5th		AM	PM	AM	PM	AM	PM	AM	PM			
6th		AM	PM	AM	PM	AM	PM	AM	PM			
7th		AM	PM	AM	PM	AM	PM	AM	PM			
8th		AM	PM	AM	PM	AM	PM	AM	PM			
9th		AM	PM	AM	PM	AM	PM	AM	PM			
10th		AM	PM	AM	PM	AM	PM	AM	PM			
11th		AM	PM	AM	PM	AM	PM	AM	PM			
12th		AM	PM	AM	PM	AM	PM	AM	PM			
13th		AM	PM	AM	PM	AM	PM	AM	PM			
14th		AM	PM	AM	PM	AM	PM	AM	PM			
15th		AM	PM	AM	PM	AM	PM	AM	PM			
Pay Period Total												

The above hours must be received before noon on the 19th
 Sign after work is completed for the pay period.

Office Use Only

Payroll Date _____

Entered Date _____

OPOC _____

PS _____

MO/Trans _____

Duties Legend

A	Bathing/Grooming
B	Dressing/Undressing
C	Toileting
D	Transfer
E	Walking/Mobility
F	Eating
G	Meal Preparation
H	Shopping
I	Money Management
J	Transportation (accompanying)
K	Laundry/Housekeeping
L	Management of Meds

Consumer Signature _____ **Date** _____
 My signature verifies that this information is correct.
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