

TIME CARD - Payroll Model Employee

CCP Self Directed Services

1885 University Avenue West ~ Suite 398 ~ St. Paul, MN 55104

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(Toll Free) 1-877-917-2404 (Toll Free Fax) 1-877-730-9701

Employee (Full name) _____

Consumer Name: _____

**** Time cards are due every other Wednesday at noon. Time cards received after the cutoff will be processed with the next payroll period.**

****Enter the month, date and year of each shift.**

****Indicate start and end times (a.m./p.m.) for each shift, including respite.**

****Time cards must be signed by the managing party and employee.**

****If working respite hours, please indicate this next to the day the shift occurred.**

****Please do not hold time cards. They must be submitted each payroll cycle if hours have been worked.**

Date	Day of Week	Starting Time (a.m./p.m.)	Ending Time (a.m./p.m.)	Total Hours
/ /	Sunday			
/ /	Monday			
/ /	Tuesday			
/ /	Wednesday			
/ /	Thursday			
/ /	Friday			
/ /	Saturday			

Total Hours for Week 1 _____

Date	Day of Week	Starting Time (a.m./p.m.)	Ending Time (a.m./p.m.)	Total Hours
/ /	Sunday			
/ /	Monday			
/ /	Tuesday			
/ /	Wednesday			
/ /	Thursday			
/ /	Friday			
/ /	Saturday			

Total Hours for Week 2 _____

Hourly Wage: \$ _____ Total Regular Hours Worked: _____ Total: \$ _____

Overtime Wage: \$ _____ Total Overtime Hours Worked: _____ Total: \$ _____

Respite Wage: \$ _____ Total Respite Hours Worked: _____ Total: \$ _____

Total \$\$ Earned This Pay Period: \$ _____

Employee signature: _____ Date: _____

Managing Party Signature: _____ Date: _____

**** By signing this time card you are verifying the above are actual hours worked.**

**** REMINDER - Hours can not be submitted while waiver recipient is admitted to hospital, nursing or residential facility.**