

**ILS BI-MONTHLY
TIMESHEET**



My Brothers' Keeper

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Fax: 952-746-5738

DATE			1	2	3	4	5	5	7	8	9	10	11	12	13	14	15
DAY OF WEEK																	
BEGIN DATE	END DATE	TIME IN															
		TIME OUT															
Please Signify AM or PM		TIME IN															
When Writing In/Out Times		TIME OUT															
		TIME IN															
		TIME OUT															
		Total Hours															

Training and/or Meetings

Training and/or Meetings																	
		TIME IN															
		TIME OUT															
		TIME IN															
		TIME OUT															
		Total Hours															

Print Employee Name

Office Use Only

Employee Signature

Print Recipient/RP Name

Supervisor Signature

After the Homemaking Staff has documented his/her time and activity, the recipient must draw a line through any dates and time he/she did not receive services from the Homemaker. Review the completed timesheet for accuracy before signing. It is a federal crime to provide false information on Homemaker billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and the services are performed as specified in the Homemaker Care Plan.

(Hours in excess of 40 hours in a week (Sunday through Saturday) must be authorized by My Brothers' Keeper in advance)