

# PERSONAL CHOICE

ALL INFORMATION MUST BE PRINTED AND LEGIBLE

EMPLOYEE NAME \_\_\_\_\_

EMPLOYEE ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PERSON SUPPORTED \_\_\_\_\_

M M	D D	Y Y
/ / /		
Week Start Date*		
M M	D D	Y Y
/ / /		
Week End Date*		
*SEE PAYROLL CALENDAR FOR CORRECT DATES		

SERVICE DATE:				CHECK IN TIME				CHECK OUT TIME				TOTAL HRS		RATE PER HR		DESCRIPTION										
M	M	D	D	DAY	H	H	M	M	H	H	M	M	H	M												
0	4	/	0	4	F	R	I	0	9	:	0	0	0	3	:	0	0	6	0	\$	1	2	.	0	0	1,2,4
		/			S	A	T			:					:					\$			.			
		/			S	U	N			:					:					\$			.			
		/			M	O	N			:					:					\$			.			
		/			T	U	E			:					:					\$			.			
		/			W	E	D			:					:					\$			.			
		/			T	H	U			:					:					\$			.			
		/			F	R	I			:					:					\$			.			
<b>TOTAL WEEK 1</b>																										
		/			S	A	T			:					:					\$			.			
		/			S	U	N			:					:					\$			.			
		/			M	O	N			:					:					\$			.			
		/			T	U	E			:					:					\$			.			
		/			W	E	D			:					:					\$			.			
		/			T	H	U			:					:					\$			.			
		/			F	R	I			:					:					\$			.			
<b>TOTAL WEEK 2</b>																										
<b>TOTAL PAY PERIOD</b>																										

- INSTRUCTIONS**
- a) If more than one shift within day, use 2 time sheets and label 1 of 2; 2 of 2
  - b) If more than one rate paid, use 2 time sheets and label 1 of 2; 2 of 2
  - c) Deadline for time sheets, Sunday midnight - no exceptions**
  - d) Note if time is am (day) or pm (night)
  - e) Timesheets must be signed by both employee and employer (or rep)**

- DESCRIPTION CODES**
- 1) Personal Care and Hygiene
  - 2) Meal Prep
  - 3) Laundry and Cleaning
  - 4) Errands, DRs appts, Finance
  - 5) Hospital Stay

**FORM MUST BE COMPLETE AND CLEAN - OTHERWISE IT WILL BE RETURNED AND YOUR PAYCHECK MAY BE DELAYED**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Participant / Representative Signature \_\_\_\_\_