ATTENTION

Timesheets received after the due date of the **8th of the month** will be paid with the following payroll. NO EXCEPTIONS!
The program and/or Fiscal Agent are not responsible for paying hours that exceed the authorized hours.

Self-Direct Supports Timesheet for:

Employee Name: _____

Person Receiving Services (member): _____

Employee Phone Number: _____

Period Beginning: _____

Period Ending: _____

Date Month/Day/Year	Service	Time In: Hour: Minute*	AM/PM	Time Out: Hour: Minute*	AM/PM	Total Hours Worked

* Time should be entered to the nearest quarter hour (i.e. :00, :15, :30, :45)

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Total hours this page _____

Member/POA/Guardian Signature _____	**Date signed:** _____	**As the person receiving services or authorized representative, I certify that the employee's hours shown on this timesheet are correct and that the work was performed satisfactorily during the time period above.**
Employee Signature _____	**Date signed:** _____	**I certify that I worked the hours shown on the timesheet on the days indicated and that this timesheet has been certified by the person receiving services or authorized to sign for the person receiving services. Also, I understand that payment for services provided are subject to payroll taxes.**

It is your responsibility to verify that your completed timesheet has been received by Jean Gottwald, Fiscal Agent. If sent via email, a return message will be sent. If you request verification that your timesheet was received, please contact Jean Gottwald, Fiscal Agent at one of the contacts listed below. If timesheet is faxed or emailed, the original must still be sent to the address listed below.

Submit timesheet to: Jean Gottwald, Fiscal Agent; 673 4th Ave N; Park Falls, WI 54552

Email: jean.gottwald@gmail.com Website: Phone: 715-661-9101 Fax #: 715-744-4999
Toll Free: 888-689-7798