

# Worker Timecard



**TIMECARD DUE  
MONDAY AT NOON**

- If submitted late or not in the current pay period, the timecard will be paid out next pay cycle.
- Inaccurate or incomplete timecards will be returned, which may result in delay of payment.
- Not valid if Participant is admitted to hospital, nursing home, or long-term care.
- A copy of the submitted timecard should be retained by the Representative.

**Staff Codes**

<b>S - Staffing</b>
<b>S2 - Shared Services 1:2</b>
<b>S3 - Shared Services 1:3</b>
<b>R - Respite</b>
<b>H - Homemaker</b>
<b>T - Training (IHS)</b>
<b>NS - Night Supervision</b>
<b>DR - Daily Respite</b>
<b>RS - Remote Staff</b>

**Pay Period Dates:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Worker Name (Print Full Name):** \_\_\_\_\_

**Participant Name (Print Full Name):** \_\_\_\_\_

**Revised Timecard (Check if Applies)**

<b>WEEK 1</b>		<b>SHIFT 1</b> (Circle AM or PM)				<b>SHIFT 2</b> (Circle AM or PM)				<b>TOTAL</b> (Per Day)
DAY	DATE	TIME IN	TIME OUT	STAFF Code	Total hours per Shift	TIME IN	TIME OUT	STAFF Code	Total hours per Shift	Total for the day
<b>EXAMPLE</b>	<b>1/1/2025</b>	<b>11:30 AM PM</b>	<b>12:30 AM PM</b>	<b>S</b>	<b>1</b>	<b>1:00 AM PM</b>	<b>4:00 AM PM</b>	<b>R</b>	<b>3</b>	<b>4</b>
Sunday		AM PM	AM PM			AM PM	AM PM			
Monday		AM PM	AM PM			AM PM	AM PM			
Tuesday		AM PM	AM PM			AM PM	AM PM			
Wednesday		AM PM	AM PM			AM PM	AM PM			
Thursday		AM PM	AM PM			AM PM	AM PM			
Friday		AM PM	AM PM			AM PM	AM PM			
Saturday		AM PM	AM PM			AM PM	AM PM			

**OVERTIME MUST BE PRE-APPROVED BY LEAD AGENCY (more than 40 hours per week)**

**TOTAL HOURS PER WEEK**

<b>WEEK 2</b>		<b>SHIFT 1</b> (Circle AM or PM)				<b>SHIFT 2</b> (Circle AM or PM)				<b>TOTAL</b> (Per Day)
DAY	DATE	TIME IN	TIME OUT	STAFF Code	Total hours per Shift	TIME IN	TIME OUT	STAFF Code	Total hours per Shift	Total for the day
Sunday		AM PM	AM PM			AM PM	AM PM			
Monday		AM PM	AM PM			AM PM	AM PM			
Tuesday		AM PM	AM PM			AM PM	AM PM			
Wednesday		AM PM	AM PM			AM PM	AM PM			
Thursday		AM PM	AM PM			AM PM	AM PM			
Friday		AM PM	AM PM			AM PM	AM PM			
Saturday		AM PM	AM PM			AM PM	AM PM			

**OVERTIME MUST BE PRE-APPROVED BY LEAD AGENCY (more than 40 hours per week)**

**TOTAL HOURS PER WEEK**

**TOTAL HOURS BOTH WEEKS**

**Acknowledgement & Required Approval:** By signing below, you certify that this timecard verifies the above hours are a true and accurate record, includes all time actually worked by the Worker during this time period, and that hours were not worked while the Participant was in a hospital or care facility. All hours were pre-authorized and approved by the Representative and I agree to maintain a copy of this timecard for my records.

\_\_\_\_\_  
**Worker Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Representative Signature**

\_\_\_\_\_  
**Date Signed**

It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, sections 256B.0913, 256B.0915, 256B.092 and 256B.49. Under Fair Labor Standards Act, recordkeeping regulations, 29 CFR Part 516: Representatives are required to keep records including certain identifying information about Worker, timecard, including total overtime workweek and wages earned (must be accurate).