Arkansas SDSB Biweekly Timesheet

Make plenty of copies of this timesheet. This is the only timesheet that will be accepted. If you make a mistake, mark a single line through the mistake, initial beside it and make the correction nearby. On days that the worker does not work, you may leave it blank or put a “0” or “X” in the box.

Checklist:
- Date & time in/out
- # of hours worked each day/week
- Timesheet submitted after hours worked
- Employer & worker both signed
- Did NOT use white-out
- Blue or black ink

Employer: ___________________________  
Worker: ________________________________

Case ID: ________________  
Service Period: ______/____/____ through ______/____/____

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
<th>MON</th>
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<tbody>
<tr>
<td>Time In</td>
<td>AM/PM</td>
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<td># of Hours Worked</td>
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Week Total  

Biweekly Total Personal Care Service Hours →

<table>
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Week Total  

Biweekly Total Attendant Care Service Hours →

Your signature confirms that these hours were actually worked. If you sign this timesheet and the hours were not actually worked, your timesheet will be sent to the Office of Medicaid Inspector General and Department of Labor for further review.

Employer Signature ___________________________  Date _____________  
Worker Signature ___________________________  Date _____________

Timesheets are due by NOON (12pm) on the THURSDAY after the last day worked.

Email To: timesheets@palcofirst.com / Fax To: 501.821.0045 / Mail To: Palco, PO Box 242930, Little Rock, AR 72223

For assistance, please call toll free: 1.866.710.0456 or local: (501) 604.9936 or TDD/TTY: Relay Service 711

Allow up to 2 business days after payday for your financial institution to receive your funds from the Federal Reserve

TS-040001-WTS-1.0