



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:

<input type="checkbox"/> Date & time in/out	<input type="checkbox"/> Timesheet submitted after hours worked	<input type="checkbox"/> Blue or black ink
<input type="checkbox"/> # of hours worked each day/week	<input type="checkbox"/> Employer & worker both signed	<input type="checkbox"/> Did NOT use white-out

Employer: _____ **Worker:** _____

Case ID: _____ **Service Period:** ____/____/____ through ____/____/____
Month Day Year Month Day Year

Personal Care Service Hours – Week 1								Personal Care Service hours – Week 2						
Day of Week	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON
Time In	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Time Out	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
# of Hours Worked														
Week Total	Week 1 Total Hours: _____							Week 2 Total Hours: _____						
Biweekly Total Personal Care Service Hours →														

Attendant Care Service Hours – Week 1								Attendant Care Service hours – Week 2						
Day of Week	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON
Time In	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Time Out	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
# of Hours Worked														
Week Total	Week 1 Total Hours: _____							Week 2 Total Hours: _____						
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