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

Employer: __________________________ Worker: ______________________________________

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

<table>
<thead>
<tr>
<th>Personal Care Service Hours – Week 1</th>
<th>Personal Care Service hours – Week 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day of Week</strong></td>
<td>TUE</td>
</tr>
<tr>
<td>Time In</td>
<td>AM/PM</td>
</tr>
<tr>
<td>Time Out</td>
<td>AM/PM</td>
</tr>
<tr>
<td># of Hours Worked</td>
<td></td>
</tr>
</tbody>
</table>

Week Total

Week 1 Total Hours: _____

Week 2 Total Hours: _____

Biweekly Total Personal 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