

**NEVADA-PALCO FISCAL INTERMEDIARY  
PALCO – FAMILY MANAGED TIME CARD**

<b>Employee:</b>	<b>Employee Social Security #:</b>
<b>Person Receiving Supports:</b>	<b>Regional Center ID Number:</b>
<b>Employer:</b>	<b>Month/Year:</b>

**SERVICE CODES:**    **BTM** = Behavior training/management    **REC** = Social/Recreation    **LVS** = Daily Living Skills  
                                  **THR** = Specialized Therapeutic Services    **SPC** = Specialized Care

**Payroll for the First Half of the Month**

Service	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
<b>BTM</b>																
<b>REC</b>																
<b>LVS</b>																
<b>THR</b>																
<b>SPC</b>																

**Payroll for the Second Half of the Month**

Service	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<b>BTM</b>																
<b>REC</b>																
<b>LVS</b>																
<b>THR</b>																
<b>SPC</b>																

<b>Total Hours</b>	
<b>Rate of Pay</b>	

<b>Full Days Worked</b>	
<b>Rate of Pay</b>	

\_\_\_\_\_  
**Employee Signature**

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

\_\_\_\_\_  
**Employer Signature**

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

\_\_\_\_\_  
**Service Coordinator Signature**

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

**Instructions:**

1. Complete form in black ink-please print
2. List number of hours/units completed in each area for each day
3. List pay rate in "rate" box.
4. Add total number of hours/units per service pay period-put "total hours" box.
5. Employee and employer sign and turn into service coordinator

**Return timesheet  
within 30 days of  
last day of services.**

**THIS TIMESHEET WILL NOT BE SUBMITTED FOR PAYMENT WITHOUT SUPPORT NOTES**