144 Canal Street Nashua, NH 03064

(P) 603-882-6333 (F) 603-459-2726

Program Code: Z ________ Period Ending Date: ____________

Gateways for Seniors - Personal Care Services Provider

Provider Name:

Provider Signature:

Supervisor Name:

Supervisor Signature:

REMINDER: Time Sheets

Due in Gateways on MONDAY
9 AM after each pay period ending date

CHECK BELOW FOR DAILY PERSONAL CARE ASSISTANCE

DAY	DATE M/D/YR	TIME IN	Circle	TIME OUT	Circle	REG HOURS	EARNED TIME	HOLIDAY	OT	HYGIENE	TOILET	DRESSING	TRANSFER	MEALS	CLEANING HOME	LAUNDRY	Accom-paniment	For Payroll Use Only		
SAT			AM/PM		AM/PM															
			AM/PM		AM/PM															
SUN			AM/PM		AM/PM															
			AM/PM		AM/PM															
MON			AM/PM		AM/PM															
			AM/PM		AM/PM															
TUES			AM/PM		AM/PM															
			AM/PM		AM/PM															
WED			AM/PM		AM/PM															
			AM/PM		AM/PM															
THURS			AM/PM		AM/PM															
			AM/PM		AM/PM															
FRI			AM/PM		AM/PM															
			AM/PM		AM/PM															
First Week Total																				
SAT			AM/PM		AM/PM															
			AM/PM		AM/PM															
SUN			AM/PM		AM/PM															
			AM/PM		AM/PM															
MON			AM/PM		AM/PM															
			AM/PM		AM/PM															
TUES			AM/PM		AM/PM															
			AM/PM		AM/PM															
WED			AM/PM		AM/PM															
			AM/PM		AM/PM															
THURS			AM/PM		AM/PM															
			AM/PM		AM/PM															
FRI			AM/PM		AM/PM															
			AM/PM		AM/PM															
Second Week Total										*For Office use only*										
TOTAL HOURS WORKED FOR BOTH WEEKS										*Convert Both weeks to units*										

12/29/2010 Please round to the nearest quarter hour 15 mins =.25 30 mins= .50 45 mins = .75