

Payroll Period

From Sunday

		/			/		
--	--	---	--	--	---	--	--

Through Saturday

		/			/		
--	--	---	--	--	---	--	--

STAVROS FISCAL INTERMEDIARY SERVICES

P.O BOX 2130, Amherst, MA 01004-2130

Tel: (413) 256-6692, (800) 442-1185

Fax: (888) 773-4281, (413) 256-3849

31209



Employer Information

Number:

--	--	--	--

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

PCA Information

SSN:

--	--	--	--

Last 4 Digits Only

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

EMPLOYER CHECK ONLY IF NEW ADDRESS, TELEPHONE, OR E-MAIL AND ATTACH CHANGE FORM

PCA CHECK ONLY IF NEW ADDRESS, TELEPHONE, OR E-MAIL AND ATTACH CHANGE FORM

Week #1	Time In			Time Out			Tot. Day/Eve Hours 6 AM to Midnight		Tot. Night Hours	Week #2	Time In			Time Out			Tot. Day/Eve Hours 6 AM to Midnight		Tot. Night Hours
	Hour	MIN.		Hour	MIN.		Hours	MIN.	Hours		Hour	MIN.		Hour	MIN.		Hours	MIN.	Hours
Sun.			AM ○			AM ○			<input type="text"/>	Sun.			AM ○			AM ○			<input type="text"/>
			PM ○			PM ○							PM ○			PM ○			
			AM ○			AM ○							AM ○			AM ○			
			PM ○			PM ○							PM ○			PM ○			
Mon.			AM ○			AM ○			<input type="text"/>	Mon.			AM ○			AM ○			<input type="text"/>
			PM ○			PM ○							PM ○			PM ○			
			AM ○			AM ○							AM ○			AM ○			
			PM ○			PM ○							PM ○			PM ○			
Tue.			AM ○			AM ○			<input type="text"/>	Tue.			AM ○			AM ○			<input type="text"/>
			PM ○			PM ○							PM ○			PM ○			
			AM ○			AM ○							AM ○			AM ○			
			PM ○			PM ○							PM ○			PM ○			
Wed.			AM ○			AM ○			<input type="text"/>	Wed.			AM ○			AM ○			<input type="text"/>
			PM ○			PM ○							PM ○			PM ○			
			AM ○			AM ○							AM ○			AM ○			
			PM ○			PM ○							PM ○			PM ○			
Thu.			AM ○			AM ○			<input type="text"/>	Thu.			AM ○			AM ○			<input type="text"/>
			PM ○			PM ○							PM ○			PM ○			
			AM ○			AM ○							AM ○			AM ○			
			PM ○			PM ○							PM ○			PM ○			
Fri.			AM ○			AM ○			<input type="text"/>	Fri.			AM ○			AM ○			<input type="text"/>
			PM ○			PM ○							PM ○			PM ○			
			AM ○			AM ○							AM ○			AM ○			
			PM ○			PM ○							PM ○			PM ○			
Sat.			AM ○			AM ○			<input type="text"/>	Sat.			AM ○			AM ○			<input type="text"/>
			PM ○			PM ○							PM ○			PM ○			
			AM ○			AM ○							AM ○			AM ○			
			PM ○			PM ○							PM ○			PM ○			
Total Week 1										Total Week 2									

By signing below, I certify under pain and penalty of perjury that I have received MassHealth PCA services

By signing below, I certify under pain and penalty of perjury that I have provided MassHealth PCA services

Employer/Surrogate's signature

Date

PCA's Signature

Date