

In-Home Supportive Services Provider Information

Timesheets

- Two pay periods per month
 - 1st – 15th
 - 16th – end of month
 - Timesheets are due on or after the last day worked in the pay period. Timesheets submitted before the last day worked will be returned.
 - Please see sample timesheet on the next page.
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Paychecks

- Rate of pay – \$10.40 per hour
 - Pay stubs – keep for your records
 - Attached timesheet – use for next pay period
 - You will receive your paycheck approximately 10 days after the Payroll department received your timesheet
 - Information regarding the issuance of your paycheck will be available **after the 10-day payroll processing period**
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Payroll Office hours

- Monday – Friday, 9:00 a.m. – 4:00 p.m.
 - 9750 Business Park Drive
 - Due to staff availability, walk-ins will be seen from 9:00 a.m. – 4:00 p.m. Monday – Friday and may be subject to a considerable wait
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Phone number

- (916) 874-9805 (Payroll Help Desk)
 - To talk with Payroll staff, call between 9:00 a.m. – 4:00 p.m. Monday – Friday
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Updating your personal information

- Write name, address, and/or telephone number changes or corrections on your timesheet, complete an Address Change Request form at our office, or
 - Call the Payroll Help Desk at 874-9805 with any additional questions
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Other services

- Initial and replacement timesheets
 - W-4 form
 - Wage Verifications
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The timesheet must be completed with the hours you worked and returned to the County IHSS address listed below.

La hoja de horas trabajadas tiene que ser completada con las horas que usted trabajo y debe ser regresada a la direccion del condado para IHSS.

IHSS Timesheet

Total available

hours to be worked

Recipient Number 34-12345678	Provider Number 123456
Roger Recipient	Paul Provider
Address Change Yes () Write new address on reverse side	Address Change Yes () Write new address on reverse side

MONTH YEAR EMPLOYER SERVICE HOURS ARE

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
Hours Worked																	

Write your daily hours worked here total aqui

Fill in hours for each day worked and place total here
Llene las horas para cada dia que trabajo y apunte el

Share of Cost Liability \$ 0.00	Other Liability	Provider Overpayment
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The recipient is responsible for paying you this amount

“Do not sign unless you have read and understand instructions above.”
“No firme hasta que haya leído y entendido las instrucciones al dorso.”

Don't forget your timesheet must be signed and dated.

Recipient Signature X Date

Provider Signature X Date

Sacramento County DHHS
P.O.Box 269131
Sacramento, CA 95826

After work has been completed, sign, date and mail to this address.
Una vez que se haya completado el trabajo, fímese y envíese a esta dirección.

This is to certify that the information contained in this form is true and correct. I, the provider and recipient have read, understand and agree to be bound by and comply with the terms and conditions of this agreement.

IHSS Payroll mailing address

I, the provider and recipient have read, understand and agree to be bound by and comply with the terms and conditions of this agreement.

SOC 361 IR (1/98)

State of California—Health and Welfare Agency—Department of Social Services

Please make sure that all information is correct!

Write the number of hours you work each day in the “Hours Worked” boxes.

Minutes worked should be written in decimal form. See chart below:

6 minutes = .1	24 minutes = .4	42 minutes = .7
12 minutes = .2	30 minutes = .5	48 minutes = .8
18 minutes = .3	36 minutes = .6	54 minutes = .9
		1 hour = 1.0

Example: If you worked 1 hour and 20 minutes, you should write “1.3”.

If your timesheet is not completed correctly, it will be returned and your check will be delayed.

Please write clearly, using blue or black ink.