



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

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EDMUND G. BROWN JR.  
GOVERNOR

**DECEMBER 19, 2014**

ALL COUNTY LETTER 14-103

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IHSS PROGRAM MANAGERS

SUBJECT: **IMPLEMENTATION OF NEW TIMESHEETS TO ACCOMMODATE IN HOME SUPPORTIVE SERVICES (IHSS) AND WAIVER PERSONAL CARE SERVICES (WPCS) OVERTIME AND TRAVEL TIME COMPENSATION**

REFERENCE: **Senate Bills [855](#) and [873](#); [ACL 14-76 \(October 8, 2014\)](#)**

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

This All County Letter (ACL) provides counties with information regarding the new timesheets and Travel Claim Form for IHSS and WPCS providers. In order to support the implementation of Senate Bill 855, Senate Bill 873 and ACL 14-76, the IHSS timesheet has been redesigned and the Remittance Advice (RA) has been modified. In addition, this ACL provides instructions for implementation of the modified timesheet issuance process, and the new travel claim form process. All new forms referred in this ACL are available in Attachment A.

**Background**

Individuals who provide services for multiple recipients living in separate households on the same workday will be able to claim hours to be paid for travel time in accordance with Welfare and Institutions Code (WIC) section 12300.4(f). "Travel time" is defined as the time spent travelling directly from a location where authorized services are provided to one recipient, to another location where authorized services are to be provided to another recipient. This travel time rule will apply to providers travelling between recipients of either program (IHSS and WPCS) as of January 1, 2015.

Providers who are eligible for travel time compensation will be issued the new travel timesheet and will be required to submit a Travel Claim Form (SOC 2275) with each travel timesheet in order to receive compensation for travel time.

### **New IHSS Timesheets (SOC 2261 and SOC 2262)**

The Case Management Information Payrolling System (CMIPS) II has been modified to generate and accept two new arrears timesheets in order to implement the overtime and travel time changes.

These new timesheets separate the pay periods into a four-week format: IHSS timesheet with no travel (SOC 2261) and the IHSS timesheet with travel (SOC 2262). The two new timesheets have been improved from the current timesheet (SOC 843), making them easier to read and fill out. The new timesheets will replace the current timesheet beginning January 1, 2015 and will have the following features:

- A larger size paper: the timesheet will be printed on regular letter-sized paper
- Larger size print: the font type will be enlarged to make it easier to read and fill out
- A defined seven-day workweek to claim overtime
- Separate time entry boxes to claim travel time

New arrears timesheet form templates (travel and non-travel) will be added to CMIPS II in order to systematically generate the following types of timesheets:

- IHSS Initial/Replacement
- IHSS Supplemental
- WPCS Initial/Replacement
- WPCS Supplemental

Providers who are working for one recipient or working for multiple recipients living in the same household will not be eligible for travel time compensation. These providers will use the SOC 2261 (See Attachment A).

Those providers who start working for multiple recipients not living in the same household, they must complete a Provider Workweek Agreement (SOC 2255) and return to county IHSS office. Providers who meet the travel eligibility criteria must be identified in CMIPS II as travel-eligible in order for the system to generate a travel timesheet. Providers who are designated as travel-eligible will receive SOC 2262 as well as a SOC 2275. Counties will be required to enter the provider's travel information into the *Travel Time* screen in CMIPS II to identify the provider as eligible to claim travel. See ACL 14-99 for instructions on how to identify travel-eligible providers in CMIPS II and how to input SOC2255 information into *Travel Time* screen.

In addition to these changes, the new timesheet will no longer include the recipient's monthly authorized hours. Providers who need to find out how many hours they are authorized to work for their recipient should refer to their NOA Lite or contact the recipient or contact their county IHSS office for assistance.

## **ONLINE TIMESHEET ISSUANCE**

### **Modified Process**

To improve system performance and county user experience, the initial and replacement Timesheet Issuance Process in CMIPS II has been modified to print up to two months of timesheets on demand to the county local CMIPS II printer, and up to six months of timesheets in the nightly batch to the local county CMIPS II printer for prior pay periods. An additional printing option has been added to *Timesheet Issuance* screen to allow the county user to request up to 12 months of timesheets be printed and mailed by the centralized printing vendor beginning January 1, 2015. This option will give uniformity to the timesheet layout by printing at one location and will help the Timesheet Processing Facility (TPF) in the data capturing process. The existing Timesheet issuance error messages have been modified to meet the new rules and criteria.

### **New Timesheet Implementation**

Currently, in CMIPS II a county user can issue an initial timesheet (SOC2261 or SOC2262) when first assigning the provider to a case for periods of up to one pay period beyond the pay period of the date of request. In addition, a county user can issue replacement or supplemental timesheets.

The new timesheets, SOC 2261 and SOC 2262, will be implemented in CMIPS II on December 29, 2014. Therefore, the timesheet generation process will be modified to hold timesheet requests for January 1 – 15, 2015 (Part A) and will send a timesheet void indicator to the State Controller's Office (SCO). The SCO next timesheet process will mark the timesheet attached to the warrant that would have January 2015 Part A information as "void". The status of "**Held – Pending FLSA (Fair Labor Standards Act) Timesheet Implementation**" will be applied to the timesheets requested through this period.

New temporary informational error messages will be added in CMIPS II to prevent the keying of a timesheet or the reordering of a replacement timesheet for a pay period that has a timesheet with the status of "Held - Pending FLSA Timesheet Implementation". Once the SOC 2261 and SOC 2262 timesheets have been implemented, the held timesheets will receive a one-time update and all timesheets that were held for 2015 will be automatically issued. These timesheets will have a new timesheet number assigned. The counties will receive a report identifying the timesheets that have been held. This report will be loaded to the Secure File Transfer (SFT) server and will contain the following information: case number, provider number, old timesheet number, new timesheet number, and county/district office.

### **Timesheet Printing**

Starting January 1, 2015 the new timesheets and the new Travel Claim Form will be printed and mailed by the Employment Development Department (EDD) within 3-5 business days of the request date. The Travel Claim Form will be a blank form for the first month and providers must complete their demographic information (i.e. provider name, provider number, case name, case number, timesheet number, program type and pay period From and To) which can be found on their corresponding travel timesheet. Starting February 2015 the Travel Claim Form will have prepopulated information matching the corresponding travel timesheet. The timesheet for the next pay period will no longer be attached to the SCO warrant; however, SCO will continue to process the warrants in the existing 3-5 day timeline. The timesheet and paycheck will now be mailed separately to providers so they will no longer have to tear these documents apart.

### **Remittance Advice Changes**

Overtime and travel time pay will be reported on the RA when payment made to the provider includes overtime for either IHSS or the WPCS program. Travel time will be paid for providers and will be reported on the RA. The RA has been modified to include the following line items: overtime hours, travel hours, and mandatory training hours (related to second violation).

### **Timesheet Processing Facility Changes**

TPF process changes have been made to support the travel and no travel timesheets, which include the capturing, scanning and storing of timesheet data into CMIPS II. Moreover, the TPF has established two new PO Boxes for timesheets, as indicated on the new timesheets; IHSS Timesheet without Travel SOC 2262 – should be mailed to PO Box 272862, Chico CA 95927, and the IHSS Travel Timesheet and Travel Claim Form SOC 2261 and SOC 2275 – should be mailed to PO Box 272863, Chico CA 95927.

### **Travel Claim Form (SOC 2275)**

In order to document the travel time spent between recipients living in separate households on a same day, a Travel Claim Form (SOC 2275) has been developed. Providers must complete the SOC 2262 and SOC 2275 for each recipient they travelled to and mail the two documents in one return envelope to the TPF PO Box designated for travel. If a SOC 2275 is not received with the travel timesheet, the travel time will not be paid; instead it will be processed as a regular non travel timesheet to pay all service hours claimed. The TPF will scan the SOC 2275 to capture only an image of the form for display in CMIPS II.

Travel time from one recipient to another on the same day must be claimed on the SOC 2275 for the recipient the provider travelled to. In special situations where a provider travels to the same recipient twice in the same day, (i.e. special situation occurred and the provider had to travel back and forth from one recipient to another on the same day) the total amount of time travelled for that day must be entered. A justification is required in the comment section in this situation.

The statute prohibits a provider from engaging in travel time more than seven hours per workweek. Each provider must coordinate his/her work hours with his/her recipients to ensure that his/her travel time does not exceed the limit of seven hours per workweek. If a provider engages in travel time in excess of the seven hour limit, he/she will be paid for the travel hours reported on the SOC 2262 and SOC 2275; however, the provider will incur a program violation starting April 1, 2015 when the three month transition period is over. (See the Policy Violations section of ACL 14-76 dated October 8, 2014 for additional information.)

### **Travel Claim Form Interim Processing**

An interim process has been established for the TPF to manually verify that each SOC 2262 is received with a valid SOC 2275 between January 1, 2015 and March 31, 2015. The SOC 2262 and the SOC 2275 must be completed and mailed by providers in the same envelope to the designated PO Box: PO BOX 272863, Chico, CA 95927-2863. If the SOC 2275 is missing or has errors, the TPF will send an email notification to the county of record. The email notifications will be sent to the existing county contacts who currently receive "Timesheet Rejection Notifications" from the TPF. The email will have an embedded spreadsheet that will list the following information for each timesheet: timesheet number, provider ID number, case ID number, date received and a non-conformance rejection reason defined below as determined by the TPF staff:

- Received without SOC 2275
- Received with SOC 2275 that does not match the travel timesheet (provider and/or recipient names are different, missing, or illegible)
- Total travel hours recorded on SOC 2275 do not match the corresponding travel timesheet SOC 2262.

An email will be sent to each county for each reporting day by 10:00 AM on the following business day. The TPF will send a notification to each county even if there are not any timesheets to report for that day. The embedded spreadsheet will contain no timesheet records and the body of the email will contain the following: "No timesheets to report." The TPF will validate that each SOC 2275 matches the corresponding SOC 2262 mailed in by the provider. The data elements to be verified are:

- Provider ID number
- Timesheet number
- Total travel hours

The total travel hours for each workweek on the SOC 2275 will be verified against the travel hours recorded for the corresponding workweek on the travel timesheet. The TPF will only verify the total hours for each workweek on the SOC 2275 as recorded by the provider.

Effective April 1, 2015 an SOC 2275 associated with Interim Manual Processing (from January 1, 2015 through March 31, 2015 pay periods) workflow received by the TPF will be forwarded to California Department of Social Services (CDSS). The TPF will not manually add up the hours recorded on each specific day to derive a weekly total number of travel hours.

### **SOC 2275 Processing Effective April 1, 2015**

The SOC 2275 must be received along with the SOC 2262 at the TPF travel timesheet PO Box address. The TPF will scan the Travel Claim Form and store the image in CMIPS II. A new link will be established in CMIPS II to allow viewing of the scanned image of the SOC 2275. If the SOC 2275 is not received with a travel timesheet the travel time will not be paid; as a result, the timesheet will be processed as a regular non-travel timesheet to pay all authorized service hours claimed but not travel hours claimed. The provider must contact the county and request a replacement travel timesheet and replacement SOC 2275.

### **Advance Pay Timesheets**

Advance pay recipients and providers will continue to use the existing SOC 842 Advance Pay Reconciliation Timesheet and the current payment process will remain the same which will pay the Recipient an advance pay warrant at the beginning of the month for the case authorized hours at the normal hourly wage rate. A new CMIPS II process will be implemented to pay authorized overtime pay to a provider when a SOC 842 reconciling timesheet is received with overtime hours. CMIPS II will automatically calculate, process, and issue a warrant for the additional hourly wage amount directly to the provider, when applicable.

From January 1, 2015 through March 31, 2015 a county special transaction will be available in CMIPS II for processing Advance Pay provider travel time payment. A forthcoming ACL will provide the county with the advance pay special transaction information.

In order to support authorized overtime and travel time compensation rules, the Advance Pay timesheet is currently being redesigned with the four workweeks format. The new timesheet will be implemented after April 2015 and counties will be notified through a future ACL.

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Advance Pay timesheets will be processed and reconciled twice a month instead of once a month, which means providers working for Advance Pay recipients must submit their timesheets twice a month to claim authorized overtime and/or travel time, if applicable. Advance Pay timesheets can be issued for up to two months on demand by CMIPS II county users and three months in nightly batch processing but cannot be issued using the centralized print center.

If you have questions or comments regarding this ACL, please contact the Adult Programs Division CMIPS II and Systems Operations Unit at (916) 551-1003 or via e-mail at: [CMIPSII-Requests@dss.ca.gov](mailto:CMIPSII-Requests@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

EILEEN CARROLL  
Deputy Director  
Adult Programs Division

Attachment A

c: CWDA

## ATTACHEMENT A

### NEW FORMS FOR USE IN IMPLEMENTING SENATE BILL (SB) 855 AND SB873

| Number           | Title  | Intended Purpose  |
|------------------|--|---|
| <b>New Forms</b> |  |   |
| SOC 2261         | Individual Provider Timesheet<br>– No Travel Arrears | To be used by IHSS/WPCS providers not serving to multiple recipients to claim the hours they worked for their recipient. This form of timesheet is to be used for 1:1 relationship (1 provider: 1 recipient). |
| SOC 2262         | Individual Provider Timesheet<br>– Travel Arrears    | To be used by IHSS/WPCS providers serving multiple recipients to claim the hours they worked for each recipient.  |
| SOC 2275         | Travel Claim Form                                    | To be used by IHSS/WPCS providers serving multiple recipients to document the travel time engaged for each recipient.   |



Record your daily hours and minutes like these samples.

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| Did not work       | H        | H        | M        | M        |
| 6 hours 30 minutes | H        | 6        | 3        | 0        |
| 4 hours 45 minutes | H        | 4        | 4        | 5        |
| 10 hours           | 1        | 0        | M        | M        |
| <b>Total</b>       | <b>2</b> | <b>1</b> | <b>1</b> | <b>5</b> |

**Important Instructions**

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday, 12:00 AM to Saturday, 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. You and your Recipient must sign and date the back of your timesheet.
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed** = hours worked and claimed in previous pay period.

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**Workweek #3**

**Workweek #4**

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Turn over and sign. →

**Instrucciones importantes**

1. Use solamente tinta negra y presione firmemente. Los números deben estar legibles.
2. Su semana laboral definida es de domingo a las 12:00 AM a sábado a las 11:59 PM
3. No envíe cualquier otro documento junto con su reporte de horas trabajadas.
4. Escriba solamente en las casillas para las horas, los minutos, la firma y la fecha. No escriba nada en las casillas con un "0" ya impreso. Cualquier anotación adicional en el reporte de horas trabajadas puede atrasar su cheque de pago.
5. No se le pagarán horas reclamadas que sobrepasen las horas autorizadas por el Programa IHSS del beneficiario, o las horas semanales permitidas. El reclamar horas adicionales podría atrasar su cheque de pago.
6. Usted debe anotar las horas de cada día en que trabajó (la línea para el total es opcional)
7. Usted y su beneficiario deben firmar y fechar en el dorso de su reporte de horas trabajadas.
8. No doble su reporte de horas trabajadas. No use corrector líquido ni cinta correctora en el reporte de horas trabajadas.
9. Reclamadas = horas que trabajó y reclamó en el periodo de pago anterior.

**重要指示**

1. 請僅使用黑色水筆著重填寫。數字的填寫務必清晰可讀。
2. 您的預設一週工作時間為週日凌晨 12 點至週六午夜 11:59。
3. 請不要隨工時單附寄任何其他文檔。
4. 請僅填入小時數、分鐘數、簽名和日期方塊。無需填入任何預先印入 0 的方塊。工時單上出現其他字跡可能延遲薪資的發放。
5. 您的索償時數不可超過居家支援服務方案 (IHSS Program) 接受方所獲授權之時數, 或超過每週允許之時數。超過一定時數的索償可能延遲薪資的發放。
6. 請務必輸入每日工作時數 (總計線可選填)。
7. 您和您的服務接受方務必在工時單的背面署名並簽署日期。
8. 請不要折疊工時單。請不要使用修正液或修正帶塗改工時單。
9. **索償時間** = 在上一個薪資結算週期內所工作並索償的時數。

**Կարևոր ցուցումներ**

1. Օգտագործեք միայն սև թանաք եւ ուժեղ սեղմեք: Թվերը պետք է ընթեռնելի լինեն:
2. Ձեր սահմանված աշխատանքային շաբաթն է կիրակի օրը ժամը գիշերվա 12:00-ից մինչև շաբաթ օրը ժամը գիշերվա 11:59-ը:
3. Ժամանակացույցի հետ միասին որեւէ այլ փաստաթղթեր մի ուղարկեք:
4. Գրեք միայն ժամերի, րոպեների, ստորագրության եւ ամսաթվի վանդակներում: Մի գրեք որեւէ վանդակում, որտեղ արդեն տպված է 0: Ժամանակացույցում արված որեւէ լրացուցիչ գրություն կարող է երկարաձգել ձեր վճարման ստացումը:
5. Դուք չեք վճարվի այն ժամերի համար, որոնք գերազանցում են ստացողի IHSS ծրագրի կողմից հաստատված ժամերի քանակը կամ շաբաթական թույլատրելի ժամերի քանակը: Լրացուցիչ ժամեր ներկայացնելը կարող է երկարաձգել ձեր վճարման ստացումը:
6. Դուք պետք է գրեք յուրաքանչյուր օր աշխատած ժամերը (ընդհանուր գումարի գիծը կամավոր է):
7. Դուք եւ ձեր ստացողը պետք է ստորագրեք ու ամսագրեք ձեր ժամանակացույցի հետևում:
8. Ժամանակացույցը մի ծալեք: Ժամանակացույցի վրա սպիտակ հեղուկով կամ ուղղիչ ժապավենով ուղղումներ մի արեք:
9. **Պահանջած** = աշխատած ու պահանջած ժամեր վճարման նախորդ ժամանակաշրջանում:

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I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

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Recipient's Signature

Date

Provider's Signature

Date

**Mail Detached Timesheet To:  
IHSS Timesheet Processing Facility • PO Box 272862 • Chico, CA 95927-2862**

Record your daily hours and minutes like these samples.

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|--------------------|----------|----------|----------|----------|
| Did not work       | H        | H        | M        | M        |
| 6 hours 30 minutes | H        | 6        | 3        | 0        |
| 4 hours 45 minutes | H        | 4        | 4        | 5        |
| 10 hours           | 1        | 0        | M        | M        |
| <b>Total</b>       | <b>2</b> | <b>1</b> | <b>1</b> | <b>5</b> |

**Important Instructions**

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday, 12:00 AM to Saturday, 11:59 PM.
3. Do not send any other documents with the timesheet except a travel claim form.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. You and your Recipient must sign and date the back of your timesheet.
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. Time travelled from one recipient to another on the same day must be claimed on the timesheet for the recipient you travelled to and cannot exceed the 7 hour weekly travel cap.
10. **Claimed** = hours worked and claimed in previous pay period, **Travel** = hours travelled and claimed in previous pay period.

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**Workweek #1**

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**Workweek #3**

**Workweek #4**



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Turn over and sign. →

**Instrucciones importantes**

1. Su semana laboral definida es de domingo a las 12:00 AM a sábado a las 11:59 PM.
2. Use solamente tinta negra y presione firmemente. Los números deben estar legibles.
3. No envíe cualquier otro documento junto con su reporte de horas trabajadas excepto el registro de las horas de viaje.
4. Escriba solamente en las casillas para las horas, los minutos, la firma y la fecha. No escriba nada en las casillas con un "0" ya impreso. Cualquier anotación adicional en el reporte de horas trabajadas puede atrasar su cheque de pago.
5. No se le pagarán horas reclamadas que sobrepasen las horas autorizadas por el Programa IHSS del beneficiario, o las horas semanales permitidas. El reclamar horas adicionales podría atrasar su cheque de pago.
6. Usted debe anotar las horas de cada día en que trabajó (la línea para el total es opcional).
7. Usted y su beneficiario deben firmar y fechar en el dorso de su reporte de horas trabajadas.
8. No doble su reporte de horas trabajadas. No use corrector líquido ni cinta correctora en el reporte de horas trabajadas.
9. El tiempo que viaja entre dos beneficiarios durante el mismo día debe reclamarse en el reporte de horas trabajadas del segundo beneficiario, y no puede exceder el límite semanal de 7 horas de viaje.
10. **Reclamadas** = horas que trabajó y reclamó en el periodo de pago anterior. **Viaje** = horas viajadas y reclamadas en el periodo de pago anterior.

**重要指示**

1. 請僅使用黑色水筆著重填寫。數字的填寫務必清晰可讀。
2. 您的預設一週工作時間為週日凌晨 12:00 點至週六午夜 11:59。
3. 除行進時間報銷表單之外，請不要隨工時單附寄任何其他文檔。
4. 請僅填入小時數、分鐘數、簽名和日期方塊。無需填入任何預先印入 0 的方塊。工時單上出現其他字跡可能延遲薪資的發放。
5. 您的索償時數不可超過居家支援服務 (IHSS) 方案接受方所獲授權之時數，或超過每週允許時數。超過一定時數的索償可能延遲薪資的發放。
6. 請務必輸入每日工作時數 (總計線可選填)。
7. 您和您的服務接受方務必在工時單的背面署名並簽署日期。
8. 請不要折疊工時單。請不要使用修正液或修正帶塗改工時單。
9. 當日，從一個接受方處行進至另一個接受方處所耗費的時間應計入後者之工時單一併索償，每週行進時間不得超過 7 小時。
10. **索償時間** = 在上一個薪資結算週期內所工作並索償的時數。**行進時間** = 在上一個薪資結算週期內所耗費並索償的行進時數。

**Կարևոր ցուցումներ**

1. Օգտագործեք միայն սև թանաք եւ ուժեղ սեղմեք: Թվերը պետք է ընթերցելի լինեն:
2. Ձեր սահմանված աշխատանքային շաբաթն է կիրակի օրը ժամը զիշերվա 12:00-ից մինչև շաբաթ օրը ժամը զիշերվա 11:59-ը:
3. Ճանապարհորդության հայցի ձեւից բացի՝ ժամանակացույցի հետ միասին որեւէ այլ փաստաթղթեր մի ուղարկեք:
4. Գրեք միայն ժամերի, րոպեների, ստորագրության եւ ամսաթվի վանդակներում: Մի գրեք որեւէ վանդակում, որտեղ արդեն տպված է 0: Ժամանակացույցում արված որեւէ լրացուցիչ գրություն կարող է երկարաձգել ձեր վճարման ստացումը:
5. Դուք չեք վճարվի այն ժամերի համար, որոնք գերազանցում են ստացողի IHSS ծրագրի կողմից հաստատված ժամերի քանակը կամ շաբաթական թույլատրելի ժամերի քանակը: Լրացուցիչ ժամեր ներկայացնելը կարող է երկարաձգել ձեր վճարման ստացումը:
6. Դուք պետք է գրեք յուրաքանչյուր օր աշխատած ժամերը (ընդհանուր գումարի գիծը կամավոր է):
7. Դուք եւ ձեր ստացողը պետք է ստորագրեք ու ամսագրեք ձեր ժամանակացույցի հետեւում:
8. Ժամանակացույցը մի ծալեք: Ժամանակացույցի վրա սպիտակ հեղուկով կամ ուղղիչ ժապավենով ուղղումներ մի արեք:
9. Մեկ ստացողից մյուսի մոտ կյուն օրը ճանապարհորդելու ժամանակը պետք է պահանջվի ժամանակացույցի վրա այն ստացողի համար, ում մոտ որ դուք գտնուվ եիք, եւ չի կարող գերազանցել շաբաթական 7 ժամ:
10. **Պահանջած** = աշխատած ու պահանջած ժամեր վճարման նախորդ ժամանակաշրջանում, **Ճանապարհորդություն** = ճամփորդած ու պահանջած ժամեր վճարման նախորդ ժամանակաշրջանում:

— — — — — Cut along dotted line — — — — —

I understand that any false claim relating to this timesheet may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties. By signing as the recipient of services claimed on this timesheet, I declare that the information on the timesheet is true and correct, excluding time claimed by my provider relating to travel. By signing as the provider of services claimed on this timesheet, I declare that the information on this timesheet is true and correct.

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Recipient's Signature

Date

Provider's Signature

Date

**Mail Detached Timesheet To:  
IHSS Timesheet Processing Facility • PO Box 272863 • Chico, CA 95927-2863**

**TRAVEL CLAIM FORM INSTRUCTIONS**

1. A Travel Claim Form must be submitted along with your Timesheet in the same return envelope, otherwise you will not be paid for your travel time.
2. Time travelled from one recipient to another on the same day must be claimed on the Travel Claim Form for the recipient you travelled To.
3. In special situations where you travelled to the same recipient twice in the same day, enter the total amount of time travelled for that day. A comment is required in this situation.
4. Travel Hours claimed cannot exceed the 7-hour weekly travel cap.
5. Use black ink only and press firmly. Numbers must be readable.
6. In the “Case # From” column, please write the Recipient’s case number you travelled from.
7. In the “Distance” column, write the distance you travelled from one recipient to another recipient on the same day.
8. Comments are required to explain the following:
  - If the total number of weekly Travel Hours exceeds the allowed hours.
  - If a special circumstance occurred to cause the travel time to be longer than expected.
9. The Provider must sign and date the back of Travel Claim Form.

**Record your daily hours, minutes, case number, distance, and comments like this sample:**

| Travel Week #1: | Case # From: |   |   |   | Distance: | Comments: |   |
|-----------------|--------------|---|---|---|-----------|-----------|---|
| S               | —            | — | — | — |           |           |   |
| M 13            | H            | H | 1 | 5 | 1234567   | 1.1       |   |
| T 14            | H            | H | 2 | 0 | 1234567   | 1.7       | <b>Rerouted due to road construction.</b> |
| W 15            | H            | H | 1 | 5 | 1234567   | 1.1       |   |
| T 16            | H            | H | 1 | 5 | 1234567   | 1.1       |   |
| F 17            | H            | H | 2 | 5 | 1234567   | 1.1       | <b>Traffic jam due to car accident.</b>   |
| S               | —            | — | — | — |           |           |   |
| <b>TOTAL</b>    | H            | 1 | 3 | 0 |           |           |   |

**Important Things to Remember:**

1. The weekly total hours entered on the Travel Claim Form must match the weekly total Travel Hours entered on the corresponding Timesheet.
2. The total number of hours and the distance claimed on the Travel Claim Form will be compared to the Work Week Agreement.
3. Changes to your schedule may require a new Work Week Agreement.

**TURN OVER AND COMPLETE →**

# TRAVEL CLAIM FORM

|                         |  |                        |                      |
|-------------------------|--|------------------------|----------------------|
| <b>Provider Name:</b>   |  | <b>Recipient Name:</b> |                      |
| <b>Provider #:</b>      |  | <b>Timesheet #:</b>    | <b>Case #:</b>       |
| <b>Pay Period From:</b> |  | <b>Pay Period To:</b>  | <b>Program Type:</b> |

**Travel Week #1:**                      **Case # From:**   **Distance:**                      **Comments:**

|              |   |   |   |   |  |  |  |
|--------------|---|---|---|---|--|--|--|
| S            | H | H | M | M |  |  |  |
| M            | H | H | M | M |  |  |  |
| T            | H | H | M | M |  |  |  |
| W            | H | H | M | M |  |  |  |
| T            | H | H | M | M |  |  |  |
| F            | H | H | M | M |  |  |  |
| S            | H | H | M | M |  |  |  |
| <b>TOTAL</b> | H | H | M | M |  |  |  |

**Travel Week #2:**                      **Case # From:**   **Distance:**                      **Comments:**

|              |   |   |   |   |  |  |  |
|--------------|---|---|---|---|--|--|--|
| S            | H | H | M | M |  |  |  |
| M            | H | H | M | M |  |  |  |
| T            | H | H | M | M |  |  |  |
| W            | H | H | M | M |  |  |  |
| T            | H | H | M | M |  |  |  |
| F            | H | H | M | M |  |  |  |
| S            | H | H | M | M |  |  |  |
| <b>TOTAL</b> | H | H | M | M |  |  |  |

**Travel Week #3:**                      **Case # From:**   **Distance:**                      **Comments:**

|              |   |   |   |   |  |  |  |
|--------------|---|---|---|---|--|--|--|
| S            | H | H | M | M |  |  |  |
| M            | H | H | M | M |  |  |  |
| T            | H | H | M | M |  |  |  |
| W            | H | H | M | M |  |  |  |
| T            | H | H | M | M |  |  |  |
| F            | H | H | M | M |  |  |  |
| S            | H | H | M | M |  |  |  |
| <b>TOTAL</b> | H | H | M | M |  |  |  |

**Travel Week #4:**                      **Case # From:**   **Distance:**                      **Comments:**

|              |   |   |   |   |  |  |  |
|--------------|---|---|---|---|--|--|--|
| S            | H | H | M | M |  |  |  |
| M            | H | H | M | M |  |  |  |
| T            | H | H | M | M |  |  |  |
| W            | H | H | M | M |  |  |  |
| T            | H | H | M | M |  |  |  |
| F            | H | H | M | M |  |  |  |
| S            | H | H | M | M |  |  |  |
| <b>TOTAL</b> | H | H | M | M |  |  |  |

|                      |      |
|----------------------|------|
| Provider's Signature | Date |
|----------------------|------|