IHSS Timesheet

It's important to follow the instructions when filling out the timesheet.

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
SOC 2261 (7/16)

CHATSWORTH
21615 PLUMMER ST SOMETHING WAY ROAD ST 1
CHATSWORTH CA 91311

IN-HOME SUPPORTIVE SERVICES (IHSS)
INDIVIDUAL PROVIDER
TIMESHEET

FIRST, LASTNAME
17830 SHERMAN WAY SOMETHING DRIVE APT 17
RESEDA CA 91335-3398

Record your daily hours and minutes like these samples.

	H H	M M
Did not work		
6 hours 30 minutes	6 30	
4 hours 45 minutes	4 45	
10 hours	10	
Total	2 1 1 5	

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Do not send any other documents with the timesheet.
3. 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.
4. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours.
5. You must enter hours for each day worked (Total line is optional).
6. **You and your Recipient must sign and date the back of your timesheet.**
7. Do not fold the timesheet. Do not use white out or correction tape on timesheet.

- - - Cut along dotted line - - -

Provider #:	000000000	Provider Name:	LASTNAME, FIRST	
Case #:	00 01 0000000	Recipient Name:	LASTNAME, FIRST	
Type:	IHSS	Timesheet No:	0000000000	
Pay From:	11/16/2014	Pay To:	11/30/2014	Hours:

	H H M M		H H M M		H H M M					
S 16		S 23		S 30		S	0	0	0	0
M 17		M 24		M	0 0 0 0	M	0	0	0	0
T 18		T 25		T	0 0 0 0	T	0	0	0	0
W 19		W 26		W	0 0 0 0	W	0	0	0	0
T 20		T 27		T	0 0 0 0	T	0	0	0	0
F 21		F 28		F	0 0 0 0	F	0	0	0	0
S 22		S 29		S	0 0 0 0	S	0	0	0	0

Total _____   Total _____   Total _____   Total _____

Turn over and sign. ➔

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Detach Instructions Before Mailing.

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.

Recipient's Signature	Date	Provider's Signature	Date

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

All timesheets must be signed by both the recipient and provider.

CHATSWORTH
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CHATSWORTH CA 91311

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INDIVIDUAL PROVIDER
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	H H	M M
Did not work		
6 hours 30 minutes	6 3	0
4 hours 45 minutes	4	4 5
10 hours	1 0	
Total	2 1	1 5

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Case #:	00 01 0000000	Recipient Name:	LASTNAME, FIRST
Type:	IHSS	Timesheet No:	0000000000
Pay From:	11/16/2014	Pay To:	11/30/2014	Hours:

	H H	M M		H H	M M		H H	M M					
S 16			S 23			S 30			S	0	0	0	0
M 17			M 24			M	0	0 0 0	M	0	0	0	0
T 18			T 25			T	0	0 0 0	T	0	0	0	0
W 19			W 26			W	0	0 0 0	W	0	0	0	0
T 20			T 27			T	0	0 0 0	T	0	0	0	0
F 21			F 28			F	0	0 0 0	F	0	0	0	0
S 22			S 29			S	0	0 0 0	S	0	0	0	0

Total _____ Total _____ Total _____ Total _____

Turn over and sign. ➔

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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

This section has information with provider and recipient names including the case and provider numbers. The dates for this timesheet are also listed. **Please note that the recipient's monthly authorized hours are now reflected on the timesheet.**

Provider #:	000000000	Provider Name:	LASTNAME, FIRST	
Case #:	00 01 0000000	Recipient Name:	LASTNAME, FIRST	
Type:	IHSS	Timesheet No:	0000000000	
Pay From:	11/16/2014	Pay To:	11/30/2014	Hours:

	H	H	M	M		H	H	M	M		H	H	M	M		0	0	0	0
S 16					S 23					S 30					S				
M 17	H	H	M	M	M 24	H	H	M	M	M	0	0	0	0	M	0	0	0	0
T 18	H	H	M	M	T 25	H	H	M	M	T	0	0	0	0	T	0	0	0	0
W 19	H	H	M	M	W 26	H	H	M	M	W	0	0	0	0	W	0	0	0	0
T 20	H	H	M	M	T 27	H	H	M	M	T	0	0	0	0	T	0	0	0	0
F 21	H	H	M	M	F 28	H	H	M	M	F	0	0	0	0	F	0	0	0	0
S 22	H	H	M	M	S 29	H	H	M	M	S	0	0	0	0	S	0	0	0	0

Total _____   Total _____   Total _____   Total _____

Turn over and sign. ➡

The timesheet is organized by weeks. The dates not included in this pay period are indicated by the zeros.

	Provider #:	000000000	Provider Name:	LASTNAME, FIRST	
	Case #:	00 01 0000000	Recipient Name:	LASTNAME, FIRST	
	Type:	IHSS	Timesheet No:	0000000000	
	Pay From:	11/16/2014	Pay To:	11/30/2014	Hours:

S 16	H	H	M	M	S 23	H	H	M	M	S 30	H	H	M	M	S	0	0	0	0
M 17	H	H	M	M	M 24	H	H	M	M	M	0	0	0	0	M	0	0	0	0
T 18	H	H	M	M	T 25	H	H	M	M	T	0	0	0	0	T	0	0	0	0
W 19	H	H	M	M	W 26	H	H	M	M	W	0	0	0	0	W	0	0	0	0
T 20	H	H	M	M	T 27	H	H	M	M	T	0	0	0	0	T	0	0	0	0
F 21	H	H	M	M	F 28	H	H	M	M	F	0	0	0	0	F	0	0	0	0
S 22	H	H	M	M	S 29	H	H	M	M	S	0	0	0	0	S	0	0	0	0

Total _____   Total _____   Total _____   Total _____

Turn over and sign. →

The total amount of time worked for each week is recorded in these sections. This Total Line is optional for the provider's use.

Provider #:	000000000	Provider Name:	LASTNAME, FIRST	
Case #:	00 01 0000000	Recipient Name:	LASTNAME, FIRST	
Type:	IHSS	Timesheet No:	0000000000	
Pay From:	11/16/2014	Pay To:	11/30/2014	Hours:

S 16	H	H	M	M	S 23	H	H	M	M	S 30	H	H	M	M	S	0	0	0	0
M 17	H	H	M	M	M 24	H	H	M	M	M	0	0	0	0	M	0	0	0	0
T 18	H	H	M	M	T 25	H	H	M	M	T	0	0	0	0	T	0	0	0	0
W 19	H	H	M	M	W 26	H	H	M	M	W	0	0	0	0	W	0	0	0	0
T 20	H	H	M	M	T 27	H	H	M	M	T	0	0	0	0	T	0	0	0	0
F 21	H	H	M	M	F 28	H	H	M	M	F	0	0	0	0	F	0	0	0	0
S 22	H	H	M	M	S 29	H	H	M	M	S	0	0	0	0	S	0	0	0	0

Total _____   Total _____   Total _____   Total _____

Turn over and sign. ➡

Filling out the IHSS Time Sheet

Make sure you have a way to keep track of the hours you have worked. It is a good idea to use a calendar for this.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
9	10	11	12	13	14	15
16 6:00	17 6:00	18 6:00	19 6:00	20 6:00	21 6:00	22 4:00
23 6:00	24 6:00	25 6:00	26 6:00	27 6:00	28 6:00	29 4:00
30 6:00						

Provider #:	000000000	Provider Name:	LASTNAME, FIRST		
Case #:	00 01 0000000	Recipient Name:	LASTNAME, FIRST		
Type:	IHSS	Timesheet No:	0000000000		
Pay From:	11/16/2014	Pay To:	11/30/2014	Hours:	

S 16	H H M M	S 23	H H M M	S 30	H H M M	S	0 0 0 0
M 17	H H M M	M 24	H H M M	M	0 0 0 0	M	0 0 0 0
T 18	H H M M	T 25	H H M M	T	0 0 0 0	T	0 0 0 0
W 19	H H M M	W 26	H H M M	W	0 0 0 0	W	0 0 0 0
T 20	H H M M	T 27	H H M M	T	0 0 0 0	T	0 0 0 0
F 21	H H M M	F 28	H H M M	F	0 0 0 0	F	0 0 0 0
S 22	H H M M	S 29	H H M M	S	0 0 0 0	S	0 0 0 0

Total _____   Total _____   Total _____   Total _____

Turn over and sign. ➜

When filling out the timesheet write in the time you worked for each day as shown.

16	17	18	19	20	21	22
6:00	6:00	6:00	6:00	6:00	6:00	4:00

23	24	25	26	27	28	29
6:00	6:00	6:00	6:00	6:00	6:00	4:00

30						
6:00						

Provider #:	000000000	Provider N	
Case #:	00 01 0000000	Recipient Name:	LASTNAME, FIRST
Type:	IHSS	Timesheet No:	0000000000
Pay From:	11/16/2014	Pay To:	11/30/2014	Hours:

S 16	H	6	0	0	M	S 23	H	6	0	0	S 30	H	6	0	0	S	0	0	0	0
M 17	H	6	0	0	M	M 24	H	6	0	0	M	0	0	0	0	M	0	0	0	0
T 18	H	6	0	0	M	T 25	H	6	0	0	T	0	0	0	0	T	0	0	0	0
W 19	H	6	0	0	W 26	H	6	0	0	W	0	0	0	0	W	0	0	0	0
T 20	H	6	0	0	M	T 27	H	6	0	0	T	0	0	0	0	T	0	0	0	0
F 21	H	6	0	0	M	F 28	H	6	0	0	F	0	0	0	0	F	0	0	0	0
S 22	H	4	0	0	M	S 29	H	4	0	0	S	0	0	0	0	S	0	0	0	0

Total _____   Total _____   Total _____   Total _____

Turn over and sign. ➜

Do the same for every week using the times you recorded on your calendar.

The partial week will be entered as shown below. The remaining days of that week will be entered in the next timesheet.

16	17	18	19	20	21	22
6:00	6:00	6:00	6:00	6:00	6:00	4:00

23	24	25	26	27	28	29
6:00	6:00	6:00	6:00	6:00	6:00	4:00

30						
6:00						

Provider #:	000000000	Provider Name:	
Case #:	00 01 0000000	Recipient Name:	LASTNAME, FIRST
Type:	IHSS	Timesheet No:	0000000000
Pay From:	11/16/2014	Pay To: 11/30/2014	Hours:

	H					H					H								
S 16		6	0	0	S 23		6	0	0	S 30		6	0	0	S	0	0	0	0
M 17		6	0	0	M 24		6	0	0	M	0	0	0	0	M	0	0	0	0
T 18		6	0	0	T 25		6	0	0	T	0	0	0	0	T	0	0	0	0
W 19		6	0	0	W 26		6	0	0	W	0	0	0	0	W	0	0	0	0
T 20		6	0	0	T 27		6	0	0	T	0	0	0	0	T	0	0	0	0
F 21		6	0	0	F 28		6	0	0	F	0	0	0	0	F	0	0	0	0
S 22		4	0	0	S 29		4	0	0	S	0	0	0	0	S	0	0	0	0

Total _____ Total _____ Total _____ Total _____

Turn over and sign. ➔

- ✓ Follow the instructions on the timesheet.
- ✓ Timesheets *must* be signed by both the recipient and provider.
- ✓ Timesheets are organized by weeks. Dates not included in this pay period are indicated by the zeros.
- ✓ Ensure you have a way to track the hours you have worked (i.e., Calendar).
- ✓ When filling out the timesheet write the time you worked for each day. This should reflect the hours you have been tracking.