Fax Toll Free using 1-888-800-7336
Email to: Payroll@MRCIWORKSOURCE.ORG

Agency with Choice MRCI Time Sheet
Please PRINT using black ink

Employee's Name: $\qquad$

Employee \# for office use only

Client's Name: $\qquad$ County $\qquad$
Client Representative: $\qquad$ Daytime Phone \# $\qquad$
2-Week Pay Period:

| Sun: | Sat: |
| :--- | :--- |
| $(\mathrm{mm} / \mathrm{dd} /$ year $)$ | $(\mathrm{mm} / \mathrm{dd} /$ year $)$ |

Was the Client hospitalized during this pay period? Yes No If yes, dates hospitalized You cannot bill for any hours in any day that the Client is hospitalized

| Date | FROM | T0 | Total Hours |
| :---: | :---: | :---: | :---: |
|  | am/pm | $\mathrm{am} / \mathrm{pm}$ |  |
|  | am/pm | am/pm |  |
|  | am/pm | am/pm |  |
|  | am/pm | am/pm |  |
|  | am/pm | $\mathrm{am} / \mathrm{pm}$ |  |
|  | am/pm | am/pm |  |
|  | $\mathrm{am} / \mathrm{pm}$ | $\mathrm{am} / \mathrm{pm}$ |  |
|  | am/pm | am/pm |  |
|  | am/pm | $\mathrm{am} / \mathrm{pm}$ |  |
|  | am/pm | am/pm |  |
|  | am/pm | $\mathrm{am} / \mathrm{pm}$ |  |
|  | am/pm | am/pm |  |
|  | am/pm | $\mathrm{am} / \mathrm{pm}$ |  |
|  | am/pm | am/pm |  |
|  | am/pm | $\mathrm{am} / \mathrm{pm}$ |  |
|  | am/pm | $\mathrm{am} / \mathrm{pm}$ |  |
|  | am/pm | $\mathrm{am} / \mathrm{pm}$ |  |

## Hourly rate: \$

Totals for the pay period
The hours recorded above are accurate and complete for the period indicated.

Signature of Employee
Signature of Client/Representative
Not valid unless signed by both Parties
**If hours exceed 40 in a calendar week (Sunday thru Saturday), the resulting overtime may be reportable to the County**

FOR OFFICE USE ONLY: Total wages = $\qquad$
P.P.E. $\qquad$ ___\% of TW = $\qquad$
Spreadsheet
Total $=$

