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 #	
for office use only	

Employee's Name: _			,	
Client's Name:			County	
Client Representativ	e:		Daytime Phone #	
2-Week Pay Period:	Sun: (mm/dd/year)	Sat: (mm/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	<u>From</u>	Hours	<u>To</u>	Total Hours
		am/pm_	am/pm_	
		am/pm_	am/pm_	
		am/pm_	am/pm	
		am/pm_	am/pm_	
		am/pm_	am/pm	
		am/pm_	am/pm_	
		am/pm_	am/pm_	
		am/pm_	am/pm	
		am/pm_	am/pm_	
Hourly rate: \$	urs recorded ab		otals for the pay period complete for the period indica	ated.
Signature of Employ	ee	Signa	ture of Client/Representative	
**If hours exceed 40 in		valid unless signed (Sunday thru Saturday), the	by both Parties e resulting overtime may be reportate	ole to the County**
FOR OFFICE USE ON	LY: Total wages =			
P.P.E	% of TW	=		
Spreadsheet	Total =			