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

CSG, FSG & misc. funding
MRCI Time Sheet
Please PRINT using black ink

Employee # _____
for office use only

Employee's Name: _____

Client's Name: _____ County _____

Client Representative: _____ Daytime Phone # _____

2-Week Pay Period: Sun: _____ Sat: _____
     (mm/dd/year)   (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	FROM	Hours	TO	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	_____
_____	_____ 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: $ _____   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 = _____

P.P.E. _____ ___% of TW = _____

___ Spreadsheet   Total =

1/1/2014