

Payroll Period

From Sunday

| | | | | | | | |
|--|--|---|--|--|---|--|--|
| | | / | | | / | | |
|--|--|---|--|--|---|--|--|

Through Saturday

| | | | | | | | |
|--|--|---|--|--|---|--|--|
| | | / | | | / | | |
|--|--|---|--|--|---|--|--|

STAVROS FISCAL INTERMEDIARY SERVICES

P.O BOX 2130, Amherst, MA 01004-2130

Tel: (413) 256-6692, (800) 442-1185

Fax: (888) 773-4281, (413) 256-3849

31209



Employer Information

Number:

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

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

PCA Information

SSN:

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

Last 4 Digits Only

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

EMPLOYER CHECK ONLY IF NEW ADDRESS, TELEPHONE, OR E-MAIL AND ATTACH CHANGE FORM

PCA CHECK ONLY IF NEW ADDRESS, TELEPHONE, OR E-MAIL AND ATTACH CHANGE FORM

| Week #1 | Time In | | | | Time Out | | | | Tot. Day/Eve Hours 6 AM to Midnight | | Tot. Night Hours | Week #2 | Time In | | | | Time Out | | | | Tot. Day/Eve Hours 6 AM to Midnight | | Tot. Night Hours | | | | | | | | | | |
|---------------------|---------|------|----|----|----------|------|----|----|-------------------------------------|------|------------------|---------|---------|------|----|----|---------------------|------|----|----|-------------------------------------|------|------------------|--|--|--|--|--|--|--|--|--|--|
| | Hour | MIN. | AM | PM | Hour | MIN. | AM | PM | Hours | MIN. | Hours | | Hour | MIN. | AM | PM | Hour | MIN. | AM | PM | Hours | MIN. | Hours | | | | | | | | | | |
| Sun. | | | AM | ○ | | | AM | ○ | | | □ | Sun. | | | AM | ○ | | | AM | ○ | | | □ | | | | | | | | | | |
| | | | PM | ○ | | | PM | ○ | | | | | | | PM | ○ | | | PM | ○ | | | | | | | | | | | | | |
| | | | AM | ○ | | | AM | ○ | | | | | | | AM | ○ | | | AM | ○ | | | | | | | | | | | | | |
| | | | PM | ○ | | | PM | ○ | | | | | | | PM | ○ | | | PM | ○ | | | | | | | | | | | | | |
| Mon. | | | AM | ○ | | | AM | ○ | | | □ | Mon. | | | AM | ○ | | | AM | ○ | | | □ | | | | | | | | | | |
| | | | PM | ○ | | | PM | ○ | | | | | | | PM | ○ | | | PM | ○ | | | | | | | | | | | | | |
| | | | AM | ○ | | | AM | ○ | | | | | | | AM | ○ | | | AM | ○ | | | | | | | | | | | | | |
| | | | PM | ○ | | | PM | ○ | | | | | | | PM | ○ | | | PM | ○ | | | | | | | | | | | | | |
| Tue. | | | AM | ○ | | | AM | ○ | | | □ | Tue. | | | AM | ○ | | | AM | ○ | | | □ | | | | | | | | | | |
| | | | PM | ○ | | | PM | ○ | | | | | | | PM | ○ | | | PM | ○ | | | | | | | | | | | | | |
| | | | AM | ○ | | | AM | ○ | | | | | | | AM | ○ | | | AM | ○ | | | | | | | | | | | | | |
| | | | PM | ○ | | | PM | ○ | | | | | | | PM | ○ | | | PM | ○ | | | | | | | | | | | | | |
| Wed. | | | AM | ○ | | | AM | ○ | | | □ | Wed. | | | AM | ○ | | | AM | ○ | | | □ | | | | | | | | | | |
| | | | PM | ○ | | | PM | ○ | | | | | | | PM | ○ | | | PM | ○ | | | | | | | | | | | | | |
| | | | AM | ○ | | | AM | ○ | | | | | | | AM | ○ | | | AM | ○ | | | | | | | | | | | | | |
| | | | PM | ○ | | | PM | ○ | | | | | | | PM | ○ | | | PM | ○ | | | | | | | | | | | | | |
| Thu. | | | AM | ○ | | | AM | ○ | | | □ | Thu. | | | AM | ○ | | | AM | ○ | | | □ | | | | | | | | | | |
| | | | PM | ○ | | | PM | ○ | | | | | | | PM | ○ | | | PM | ○ | | | | | | | | | | | | | |
| | | | AM | ○ | | | AM | ○ | | | | | | | AM | ○ | | | AM | ○ | | | | | | | | | | | | | |
| | | | PM | ○ | | | PM | ○ | | | | | | | PM | ○ | | | PM | ○ | | | | | | | | | | | | | |
| Fri. | | | AM | ○ | | | AM | ○ | | | □ | Fri. | | | AM | ○ | | | AM | ○ | | | □ | | | | | | | | | | |
| | | | PM | ○ | | | PM | ○ | | | | | | | PM | ○ | | | PM | ○ | | | | | | | | | | | | | |
| | | | AM | ○ | | | AM | ○ | | | | | | | AM | ○ | | | AM | ○ | | | | | | | | | | | | | |
| | | | PM | ○ | | | PM | ○ | | | | | | | PM | ○ | | | PM | ○ | | | | | | | | | | | | | |
| Sat. | | | AM | ○ | | | AM | ○ | | | □ | Sat. | | | AM | ○ | | | AM | ○ | | | □ | | | | | | | | | | |
| | | | PM | ○ | | | PM | ○ | | | | | | | PM | ○ | | | PM | ○ | | | | | | | | | | | | | |
| | | | AM | ○ | | | AM | ○ | | | | | | | AM | ○ | | | AM | ○ | | | | | | | | | | | | | |
| | | | PM | ○ | | | PM | ○ | | | | | | | PM | ○ | | | PM | ○ | | | | | | | | | | | | | |
| Total Week 1 | | | | | | | | | | | | | | | | | Total Week 2 | | | | | | | | | | | | | | | | |

By signing below, I certify under pain and penalty of perjury that I have received MassHealth PCA services

By signing below, I certify under pain and penalty of perjury that I have provided MassHealth PCA services

Employer/Surrogate's signature

Date

PCA's Signature

Date