

Biweekly Time Sheet

Make plenty of copies of this timesheet. This is the only timesheet that will be accepted.

- Checklist:**
- | | |
|---|---|
| <input type="checkbox"/> Blue or black ink | <input type="checkbox"/> Timesheet submitted after hours worked |
| <input type="checkbox"/> Date and time in/out | <input type="checkbox"/> Employer and employee both signed |
| <input type="checkbox"/> # of hours worked for each day | <input type="checkbox"/> Did NOT use white-out—mark out mistakes, initial beside |

Employer: _____

Employee: _____

Service Period: ____/____/____ through ____/____/____
Month Day Year Month Day Year

Palco ID: _____

Personal Care Service Hours – Week 1								Personal Care Service Hours – Week 2						
	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon
Time In	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM
Time Out	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM
# of hours														
Week Total	Week 1 Total Hours : _____							Week 2 Total Hours: _____						
Biweekly Total Personal Care Service Hours →														

Adult Companion Service Hours – Week 1								Adult Companion Service Hours – Week 2						
	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon
Time In	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM
Time Out	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM
# of hours														
Week Total	Week 1 Total Hours : _____							Week 2 Total Hours: _____						
Biweekly Total Adult Companion Service Hours →														

Homemaker Service Hours – Week 1								Homemaker Service Hours – Week 2						
	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon
Time In	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM
Time Out	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM
# of hours														
Week Total	Week 1 Total Hours : _____							Week 2 Total Hours: _____						
Biweekly Total Homemaker Service Hours →														

Employer Signature

Date

Employee Signature

Date

Your signature confirms that these hours were actually worked. If you sign this timesheet and the hours were not actually worked, your timesheet will be sent to the office of Medicaid Inspector General and Department of Labor for further review.

Timesheets are due by **5PM** on the **Friday** after the last day worked.

Email To: timesheets@palcofirst.com Or **Fax To:** 501-821-0045

Or **Mail To:** Palco P.O. Box 242930, Little Rock, AR 72223

Allow up to **2 business days after payday** for your financial institution to receive your funds from the Federal Reserve.