

Fax Toll Free using 1-888-800-7336

Email to: Payroll@MYMRCI.ORG

CSG, FSG & misc. funding

MRCI-CDS 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	_____
_____	_____	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 = _____