

How to complete the Timesheet

These instructions will help BCCIL ensure checks are printed promptly. When timesheets are not filled in correctly, it causes payment delays and extra work for you and your employer. This may also cause a disruption of direct deposit payments if you are set up for this feature. We think you will find the timesheet is simple to fill in once you review the instructions. Please keep your contact information up to date so we may contact you promptly if any issues occur. We would also like to remind you that time sheets are to be submitted at the end of each pay period. Thank you for your time.

Instructions for filling in the Timesheet

Key Items

This is the 2-week pay period for which you are submitting time. Please refer to the payroll schedule provided to you to enter correct START DATE and END DATE.

This is your 3 digit code provided to you upon enrollment.

This is the last 4 digits of the worker's social security number.

Please leave this box blank. (We will notify you if you need to enter a code in this box.)

Check this box <ONLY> if you, the **consumer**, have moved. Please fill in your new address. **Otherwise, leave this blank.**

Check this box <ONLY> if you, the **worker**, have moved. Please fill in your new address. **Otherwise, leave this blank.**

BCCIL PAYROLL SERVICES – P.O. BOX 1182, READING PA 19603 • Phone 610-376-0010 or 888-376-0120 • Fax 610-376-0035

Consumer ID: [] [] [] Payroll Period Start Date: [] / [] / [] Through End Date: [] / [] / []

Consumer Name: _____ Attendant Name: _____ Attendant 4 last Social Security Number: [] [] [] []

Employer check & fill out only if new address and/or telephone Attendant check & fill out only if new address and/or telephone If Secondary Time Sheet, Enter R for Request or C for Companion. Leave blank for regular hours.

Address: _____ Zip: _____ Address: _____ Zip: _____

City: _____ State: _____ Phone: _____ City: _____ State: _____ Phone: _____

Week #1	Hour	Time In		Time Out		Total Hours		Week #2	Hour	Time In		Time Out		Total Hours	
		Minute	AM/PM	Minute	AM/PM	00	25			Minute	AM/PM	Minute	AM/PM	00	25
Sun.			AM/PM		AM/PM			Sun.			AM/PM		AM/PM		
Mon.			AM/PM		AM/PM			Mon.			AM/PM		AM/PM		
Tue.			AM/PM		AM/PM			Tue.			AM/PM		AM/PM		
Wed.			AM/PM		AM/PM			Wed.			AM/PM		AM/PM		
Thu.			AM/PM		AM/PM			Thu.			AM/PM		AM/PM		
Fri.			AM/PM		AM/PM			Fri.			AM/PM		AM/PM		
Sat.			AM/PM		AM/PM			Sat.			AM/PM		AM/PM		
Total Week 1							Total Week 2								

My signature certifies that I received/provided a service or item on the date listed above. I understand that payment for this service or item will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of material facts may be prosecuted under applicable Federal and State laws.

Employer/Consumer Signature: _____ Date: _____ Attendant Signature: _____ Date: _____

Consumer-please sign and date the timesheet here. This is your approval of the time worked for you by your worker.

Worker-please sign and date the timesheet here. This is your statement of the time worked for your consumer.

Instructions for filling in the Timesheet

Entering Days of the Week


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Consumer ID Payroll Period Start Date / / Through End Date / /

Consumer Name Attendant Name Attendant 4 last Social Security Number

Employer check & fill out only if new address and/or telephone Attendant check & fill out only if new address and/or telephone If Secondary Time Sheet, Enter R for Respite or C for Companion. Leave blank for regular hours.

Address Zip Address Zip

City State Phone City State Phone

Week #1	Time In		Time Out		Total Hours	.00	.25	Week #2	Time In		Time Out		Total Hours	.00	.25
	Hour	Minute	Hour	Minute					Hour	Minute	Hour	Minute			
Sun. 11								Sun. 18							
Mon. 12								Mon. 19							
Tue. 13								Tue. 20							
Wed. 14								Wed. 21							
Thu. 15								Thu. 22							
Fri. 16								Fri. 23							
Sat. 17								Sat. 24							
Total Week 1								Total Week 2							

My signature certified that I received/provided a service or item on the date listed above. I understand that payment for this service or item will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of material facts may be prosecuted under applicable Federal and State laws.

The day to fill in here should be the same day as the PAYROLL PERIOD **START DATE**.

The next day is listed below, and so on.....

The day to fill in here should be the same day as the PAYROLL PERIOD **END DATE**.

Employer/Consumer Signature _____ Date _____ Attendant Signature _____ Date _____

Instructions for filling in the Timesheet

Entering Time Worked and Totaling Hours: EXAMPLES



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Consumer ID

Payroll Period Start Date / /

Through End Date / /

Consumer Name

Attendant Name

Attendant 4 last Social Security Number

Employer check & fill out only if new address and/or telephone

Attendant check & fill out only if new address and/or telephone

If Secondary Time Sheet, Enter R for Respite or C for Companion. Leave blank for regular hours.

Address Zip Address Zip

City State Phone City State Phone

Week #1	Time In		Time Out		Total Hours	.00	.25	.50	.75	Week #2	Time In		Time Out		Total Hours	.00	.25	.50	.75	
	Hour	Minute	Hour	Minute							Hour	Minute	Hour	Minute						
Sun.	8	30	11	30	3	00				Sun.										
	4	00	9	30	5	50														
Mon.	8	30	12	00	3	50				Mon.										
Tue.	9	00	3	00	6	00				Tue.										
	4	00	8	15	4	25														
Wed.										Wed.										
Thu.	9	00	11	45	2	75				Thu.										
	4	00	9	00	5	00														
Fri.										Fri.										
Sat.	10	00	12	00	2	00				Sat.										
	12	00	6	00	6	00														
Total Week 1					38	00				Total Week 2										

My signature certified that I received/provided a service or item on the date listed above. I understand that payment for this service or item will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of material facts may be prosecuted under applicable Federal and State laws.

Employer/Consumer Signature _____ Date _____ Attendant Signature _____ Date _____

If you worked in the morning from 8:30 to 11:30, record time and total hours as

If you returned in the afternoon from 4:00 to 9:30, record time and total hours as

If you worked in the Morning from 8:30 until Noon, record time and total hours as

If you worked from 9:00 in the morning until 3:00 in the afternoon **and** you worked from 4:00 in the afternoon until 8:15 in the evening, record time and total hours as

If you worked in the morning, and in the afternoon (for the times indicated), record time and totals hours as

If you worked from 10:00 in the evening on Friday until 6:00 in the morning on Saturday, record time and total hours as

Note: 12:00 AM is midnight and 12:00 PM is noon.

The total hours for the week are equal to the addition of all the hours in the "TOTAL HOURS" Column.

