

IHSS Timesheet

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
 CHATSWORTH
 21615 PLUMMER ST SOMETHING WAY ROAD ST 1
 CHATSWORTH CA 91311

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
 SOC 2241 (7/15)
**IN-HOME SUPPORTIVE SERVICES (IHSS)
 INDIVIDUAL PROVIDER
 TIMESHEET**

Record your daily hours and minutes like these samples.

Did not work	H	M	M
6 hours 30 minutes	6	3	0
4 hours 45 minutes	4	4	5
10 hours	1	0	M
Total	2	1	15

FIRST, LASTNAME
 17830 SHERMAN WAY SOMETHING DRIVE APT 17
 RESEDA CA 91335-3398

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Do not send any other documents with the timesheet.
3. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
4. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours.
5. You must enter hours for each day worked (Total line is optional).
6. **You and your Recipient must sign and date the back of your timesheet.**
7. Do not fold the timesheet. Do not use white out or correction tape on timesheet.

Provider #: 000000000	Provider Name: LASTNAME, FIRST
Case #: 00 01 0000000	Recipient Name: LASTNAME, FIRST
Type: IHSS	Timesheet No: 0000000000
Pay From: 11/16/2014	Pay To: 11/30/2014
Hours:	

S 16	H H M M	S 23	H H M M	S 30	H H M M	S	0 0 0 0
M 17	H H M M	M 24	H H M M	M	0 0 0 0	M	0 0 0 0
T 18	H H M M	T 25	H H M M	T	0 0 0 0	T	0 0 0 0
W 19	H H M M	W 26	H H M M	W	0 0 0 0	W	0 0 0 0
T 20	H H M M	T 27	H H M M	T	0 0 0 0	T	0 0 0 0
F 21	H H M M	F 28	H H M M	F	0 0 0 0	F	0 0 0 0
S 22	H H M M	S 29	H H M M	S	0 0 0 0	S	0 0 0 0

Total _____ Total _____ Total _____ Total _____

Turn over and sign. →



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Detach Instructions Before Mailing.

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

Recipient's Signature	Date	Provider's Signature	Date

Mail Detached Timesheet To:
 IHSS Timesheet Processing Facility • PO Box 272862 • Chico, CA 95927-2862

IHSS Timesheet

Provider #: 000000000	Provider Name: LASTNAME, FIRST	
Case #: 00 01 0000000	Recipient Name: LASTNAME, FIRST	
Type: IHSS	Timesheet No: 0000000000	
Pay From: 11/16/2014	Pay To: 11/30/2014	Hours:

S 16	H	H	M	M	S 23	H	H	M	M	S 30	H	H	M	M	S	0	0	0	0
M 17	H	H	M	M	M 24	H	H	M	M	M	0	0	0	0	M	0	0	0	0
T 18	H	H	M	M	T 25	H	H	M	M	T	0	0	0	0	T	0	0	0	0
W 19	H	H	M	M	W 26	H	H	M	M	W	0	0	0	0	W	0	0	0	0
T 20	H	H	M	M	T 27	H	H	M	M	T	0	0	0	0	T	0	0	0	0
F 21	H	H	M	M	F 28	H	H	M	M	F	0	0	0	0	F	0	0	0	0
S 22	H	H	M	M	S 29	H	H	M	M	S	0	0	0	0	S	0	0	0	0

Total _____ Total _____ Total _____ Total _____

Turn over and sign. →



Filling out the IHSS Timesheet

1	Sun	2	Mon	3	Tue	4	Wed	5	Thu	6	Fri	7	Sat
9		10		11		12		13		14		15	
16	6:00	17	6:00	18	6:00	19	6:00	20	6:00	21	6:00	22	4:00
23	6:00	24	6:00	25	6:00	26	6:00	27	6:00	28	6:00	29	4:00
30	6:00												

Provider #:	000000000	Provider Name:	LASTNAME, FIRST
Case #:	00 01 0000000	Recipient Name:	LASTNAME, FIRST
Type:	IHSS	Timesheet No:	0000000000
Pay From:	11/16/2014	Pay To:	11/30/2014
		Hours:	

S 16	H	H	M	M	S 23	H	H	M	M	S 30	H	H	M	M	S	0	0	0	0
M 17	H	H	M	M	M 24	H	H	M	M	M	0	0	0	0	M	0	0	0	0
T 18	H	H	M	M	T 25	H	H	M	M	T	0	0	0	0	T	0	0	0	0
W 19	H	H	M	M	W 26	H	H	M	M	W	0	0	0	0	W	0	0	0	0
T 20	H	H	M	M	T 27	H	H	M	M	T	0	0	0	0	T	0	0	0	0
F 21	H	H	M	M	F 28	H	H	M	M	F	0	0	0	0	F	0	0	0	0
S 22	H	H	M	M	S 29	H	H	M	M	S	0	0	0	0	S	0	0	0	0

Total _____ Total _____ Total _____ Total _____

Turn over and sign. →



Filling out the Timesheet

16	17	18	19	20	21	22
6:00	6:00	6:00	6:00	6:00	6:00	4:00
23	24	25	26	27	28	29
6:00	6:00	6:00	6:00	6:00	6:00	4:00
30						
6:00						

Provider #:	000000000	Provider N	
Case #:	00 01 0000000	Recipient Name:	LAST NAME, FIRST
Type:	IHSS	Timesheet No.:	0000000000
Pay From:	11/16/2014	Pay To:	11/30/2014
		Hours:	

S 16	H	6	0	0	S 23	H	6	0	0	S 30	H	6	0	0	S	0	0	0	0
M 17	H	6	0	0	M 24	H	6	0	0	M	0	0	0	0	M	0	0	0	0
T 18	H	6	0	0	T 25	H	6	0	0	T	0	0	0	0	T	0	0	0	0
W 19	H	6	0	0	W 26	H	6	0	0	W	0	0	0	0	W	0	0	0	0
T 20	H	6	0	0	T 27	H	6	0	0	T	0	0	0	0	T	0	0	0	0
F 21	H	6	0	0	F 28	H	6	0	0	F	0	0	0	0	F	0	0	0	0
S 22	H	4	0	0	S 29	H	4	0	0	S	0	0	0	0	S	0	0	0	0
Total		40:00			Total		40:00			Total		6:00			Total				

Turn over and sign. →



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PAID IN FULL