

**INDIVIDUALIZED HOME SUPPORTS (IHS)**  
**Formerly Personal Support**



Email to: [payroll@MyMRCI.org](mailto:payroll@MyMRCI.org)

Fax to: 1-888-800-7336

Employee Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Rep: \_\_\_\_\_

2-Week Pay Period Sunday \_\_\_/\_\_\_/\_\_\_ thru Saturday \_\_\_/\_\_\_/\_\_\_

Dates of Service:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Time in	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Time out	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Total hours per day							

**Total for the week**

Dates of Service:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Time in	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Time out	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Total hours per day							

**Total for the week**

Wage/hour	\$	Total hours for the two weeks
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**Has the Client been in the Hospital, a Care Facility or Incarcerated during these two weeks? If so, please complete the following: Date in \_\_\_\_\_ Date out \_\_\_\_\_**

***Acknowledgement and Required Signatures (not valid unless signed by both Parties):***

Review the completed time sheet for accuracy before signing. **It is a federal crime to provide false information on this timesheet.** Your signature verifies the time and services entered above are accurate. \*All time documented is assumed to be 1 staff to 1 client (1:1) unless otherwise noted above time entry for that shift. For example, staff working with 2 clients at once should indicate 1:2 above time entry, 1:3 etc. A separate timesheet should be done for each client with whom the staff works.

_____ Employee Signature	_____ Date	_____ Client/Client Rep	_____ Date
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