IN-HOME SUPPORTIVE SERVICES (IHSS)  
INDIVIDUAL PROVIDER TIMESHEET

Record your daily hours and minutes like these samples.

- Did not work
  - 6 hours 30 minutes
    - H 6 3 0
  - 4 hours 45 minutes
    - H 4 4 5
  - 10 hours
    - H 1 0

Total 2 1 1 5

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.

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**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.

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**Provider #:** 000000000  **Provider Name:** LASTNAME, FIRST

**Case #:** 00 01 000000  **Recipient Name:** LASTNAME, FIRST

**Type:** IHSS  **Timesheet No:** 000000000

**Pay From:** 11/16/2014  **Pay To:** 11/30/2014  **Hours:**

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**Total**

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**Cut along dotted line**

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

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Turn over and sign.
1. Use black ink only and press firmly. Numbers must be readable.

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7. Do not fold the timesheet. Do not use white out or correction tape on timesheet.

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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.

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