



# San Mateo County Public Authority for In - Home Supportive Services

Office: 225 37th Avenue, San Mateo, CA 94403 – 4324  
 Mailing: P.O. Box 5892, San Mateo, CA 94402  
 (650) 573 - 3900 Fax: (833) 285 - 1128

## Timesheet Tips

- Both Recipient and Provider MUST sign and date the back of the timesheet.
- Monthly service hours should be split into weekly hours. Know your client's weekly and monthly authorized hours (see #2 below).
- Time worked should be written in hours and minutes only, no decimals (see #3 below).
- Claimed row shows how many hours you claimed for the week on your last timesheet. Include claimed hours when calculating your weekly hours. Avoid going over your weekly maximum hours (see #4 below).
- Use one line only to cross out mistakes and write the correction in the same box.

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Example:

Provider #: 000123456		Provider Name: John Provider		Hours are for the entire month and need to be split into weekly hours.
Case #: 0123456		Recipient Name: Jane Recipient		
Type: IHSS		Timesheet No: 0123456789		
Pay From: 10/1/2016		Pay To: 10/15/2016		
				Hours: 160 <b>#2</b>

  

<b>Workweek #1</b> Claimed: 30:00 <b>#4</b>	<b>Workweek #2</b> Claimed: 00:00	<b>Workweek #3</b> Claimed: 00:00	<b>Workweek #4</b> Claimed: 00:00
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These hours are from the previous pay period	Write time in hours and minutes only, no decimals
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S 0 0 0 0 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 01 H 8 0 0	S 02 M 03 T 04 W 05 T 06 F 07 S 08	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;"><b>#3</b></td><td style="text-align: center;">M</td><td style="text-align: center;">M</td></tr> <tr><td style="text-align: center;">H 6</td><td style="text-align: center;">1</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">H 6</td><td style="text-align: center;">3</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">H 6</td><td style="text-align: center;">1</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">H 6</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">H 6</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">H 7</td><td style="text-align: center;">3</td><td style="text-align: center;">0</td></tr> </table>	<b>#3</b>	M	M	H 6	1	5	H 6	3	0	H 6	1	5	H 6	0	0	H 6	0	0	H 7	3	0	S 09 M 10 T 11 W 12 T 13 F 14 S 15
<b>#3</b>	M	M																						
H 6	1	5																						
H 6	3	0																						
H 6	1	5																						
H 6	0	0																						
H 6	0	0																						
H 7	3	0																						
Total <u>38</u>	Total <u>38:30</u>	Total <u>40</u>	Total _____																					

  

This includes the 30 hours claimed last pay period for this week	Turn over and sign. →
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**IF YOU HAVE ANY QUESTIONS PLEASE CALL YOUR PAYROLL SPECIALIST:**

Kelly Lou: 650-372-8547      Patty Perez: 650-573-2183  
 Brenda Corzantes: 650-372-8557      Leonard Toy: 650-573-4258      Kelly Chan: 650-573-2047  
 Visit: [smchealth.org/publicauthority](http://smchealth.org/publicauthority) for more information