Fax Toll Free using 1-888-800-7336
Email to: Payroll@MRCIWORKSOURCE.ORG

**CSG, FSG & misc. funding**

**MRCI Time Sheet**

***Please PRINT using black ink***

**Employee # _____**
**for office use only**

Employee's Name: _____

Client's Name: _____ County _____

Client Representative: _____ Daytime Phone # _____

2-Week Pay Period: Sun: _____ Sat: _____
(mm/dd/year) (mm/dd/year)

Was the Client **hospitalized** during this pay period? Yes No
If yes, dates hospitalized_____
**You cannot bill for any hours in any day that the Client is hospitalized**

| Date | FROM | Hours | TO | Total Hours |
|---|---|---|---|---|
| _____ | _____ am/pm | | _____ am/pm | _____ |
| _____ | _____ am/pm | | _____ am/pm | _____ |
| _____ | _____ am/pm | | _____ am/pm | _____ |
| _____ | _____ am/pm | | _____ am/pm | _____ |
| _____ | _____ am/pm | | _____ am/pm | _____ |
| _____ | _____ am/pm | | _____ am/pm | _____ |
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| _____ | _____ am/pm | | _____ am/pm | _____ |
| _____ | _____ am/pm | | _____ am/pm | _____ |
| _____ | _____ am/pm | | _____ am/pm | _____ |
| _____ | _____ am/pm | | _____ am/pm | _____ |
| _____ | _____ am/pm | | _____ am/pm | _____ |
| _____ | _____ am/pm | | _____ am/pm | _____ |
| _____ | _____ am/pm | | _____ am/pm | _____ |

**Hourly rate: $ _____** **Totals for the pay period** _____

***The hours recorded above are accurate and complete for the period indicated.***

_____ _____
Signature of Employee Signature of Client/Representative

***Not valid unless signed by both Parties***

****If hours exceed 40 in a calendar week (Sunday thru Saturday), the resulting overtime may be reportable to the County****

**FOR OFFICE USE ONLY: Total wages = _____**

**P.P.E. _____ ___% of TW = _____**

**___ Spreadsheet Total =**