


Timecard Sample

If **any** information is missing or incorrect, the Timecard will need to be revised, which can cause a delay in payment. MN DHS requires timecards to be completed clearly, accurately, and signed.

- ① Clearly print the start and end dates of the two-week pay period.
 - ② Clearly print the first and last name of the Worker (the person providing care).
 - ③ Clearly print the first and last name of the Participant (the person who receives care).
 - ④ Fill in the DATE for each of the days in the pay period, *including days the worker did not work*.
 - ⑤ On the days worked, fill in the Worker's Time In and Time Out. Circle AM or PM. Round to the nearest 15 minute increment. On days not worked, leave these columns blank.
 - ⑥ For **Staffing** hours, write the number of Staffing hours worked in the Staff Code S column for that day.
 - ⑦ For **Respite, Homemaker, Chore, Training, or Float Holiday** hours, write the number of those hours **and the corresponding letter code that applies to them** in the second Staff Code column for that day.
 - ⑧ Total all daily staffing hours by adding together the hours from steps 6 and 7. Enter the TOTAL hours worked for each day in the Total Per Day column.
 - ⑨ Total all staffing hours by week by adding up all total hours per day (see step 8). Enter in the TOTAL HOURS PER WEEK box.
- **Repeat steps 5-9 for the second week of the pay period.****
- ⑩ Add together the totals of the two weeks and enter the sum in the TOTAL HOURS BOTH WEEKS box.



Worker Timecard

⑬ **TIMECARD DUE MONDAY AT NOON**

- If submitted late or not in the current pay period, the timecard will be paid out next paycycle.
- Inaccurate or incomplete timecards will be returned, which may result in delay of payment.
- Not valid if Participant is admitted to hospital, nursing home, or long-term care.
- A copy of the submitted timecard should be retained by both the Worker and the Representative.

Pay Period Dates: _____/_____/_____ to _____/_____/_____

Worker Name (Print Full Name): _____

Participant Name (Print Full Name): _____

Revised Timecard (Check if Applies):

WEEK 1		SHIFT 1 AM or PM		SHIFT 2 AM or PM		Staff Code S, S2, or S3	Staff Code R, H, C, T, or F	Total Per Day
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	# of HOURS	# of HOURS	# of HOURS
EXAMPLE	1/1/2019	11:30 AM	12:30 PM	1:00 AM	4:00 AM	1 [S]	3 [R]	4
Sunday		AM/PM	AM/PM	AM/PM	AM/PM			
Monday		AM/PM	AM/PM	AM/PM	AM/PM			
Tuesday	④	AM/PM	⑤	AM/PM	AM/PM	⑥	⑦	⑧
Wednesday		AM/PM	AM/PM	AM/PM	AM/PM			
Thursday		AM/PM	AM/PM	AM/PM	AM/PM			
Friday		AM/PM	AM/PM	AM/PM	AM/PM			
Saturday		AM/PM	AM/PM	AM/PM	AM/PM			
OVERTIME MUST BE PRE-APPROVED BY LEAD AGENCY (more than 40 hours per week)							TOTAL HOURS PER WEEK	⑨

WEEK 2		SHIFT 1 AM or PM		SHIFT 2 AM or PM		Staff Code S	Staff Code R, H, C, T, or F	Total Per Day
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	# of HOURS	# of HOURS	# of HOURS
Sunday		AM/PM	AM/PM	AM/PM	AM/PM			
Monday		AM/PM	AM/PM	AM/PM	AM/PM			
Tuesday	④	AM/PM	⑤	AM/PM	AM/PM	⑥	⑦	⑧
Wednesday		AM/PM	AM/PM	AM/PM	AM/PM			
Thursday		AM/PM	AM/PM	AM/PM	AM/PM			
Friday		AM/PM	AM/PM	AM/PM	AM/PM			
Saturday		AM/PM	AM/PM	AM/PM	AM/PM			
OVERTIME MUST BE PRE-APPROVED BY LEAD AGENCY (more than 40 hours per week)							TOTAL HOURS PER WEEK	⑨
TOTAL HOURS BOTH WEEKS							⑩	

Acknowledgement & Required Approval: By signing below, you certify that this timecard verifies the above hours are a true and accurate record, includes all time actually worked by the Worker during this time period, and that hours were not worked while the Participant was in a hospital or care facility. All hours were pre-authorized and approved by the Representative and I agree to maintain a copy of this timecard for my records.

⑪

Worker Signature _____ Date Signed _____ Representative Signature _____ Date Signed _____

It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, Sections 256B.021, 256B.0215, 256B.022 and 256B.42. Under Fair Labor Standards Act, recordkeeping regulations, 29 CFR Part 516: Representatives are required to keep records including certain identifying information about Worker, Homemaker, including total overtime for workweek and wages earned (must be accurate).

⑬ Submit to Payroll Department - Email: payroll@picsmn.org | Fax: 651-967-5061 | Mail: 1605 Eustis Street, St. Paul, MN 55108
 Questions - Email: payroll@picsmn.org | Phone: 651-967-5060
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- ⑪ Timecards must be signed and dated by both the Worker and the Representative. If the same person is both the Worker and Representative, then sign and date in both spaces.
- ⑫ Submit manual timecards via email, fax, mail, or dropping them off in the secure mailbox located outside at the PICS office building. If submitting via email, make sure your scan or photo is clear and legible, and that no names, signatures, or columns are cut off.
- ⑬ Manual timecards are due to PICS every other Monday no later than noon (12:00 PM). Timecards submitted on time will be paid the following Wednesday. Timecards submitted after the deadline will be paid the following Friday instead.

[See the other side of this page for an example of a correctly filled-out timecard and answers to frequently-asked questions.](#)

Timecard Sample

If **any** information is missing or incorrect, the Timecard will need to be revised, which can cause a delay in payment. MN DHS requires timecards to be completed clearly, accurately, and signed.

Check the **PICS Payroll Schedule** to find the Pay Period dates. Pay periods always start on a Sunday and end on a Saturday.

The **Worker** is the person who provides care. The **Participant** is the person who receives care.


Fill in **all** dates in the Date column, including days not worked.

Enter times in **15 minute increments**. For example: 8:00-12:00, not 8:03-12:05.

Circle AM or PM.

On days not worked, leave all the Time In and Time Out cells **blank**.

For **overnight shifts**, enter time until midnight for one day, then midnight until shift end on the next day.



Worker Timecard

TIMECARD DUE MONDAY AT NOON

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- Inaccurate or incomplete timecards will be returned, which may result in delay of payment.
- Not valid if Participant is admitted to hospital, nursing home, or long-term care.
- A copy of the submitted timecard should be retained by the Representative.

Pay Period Dates: 2 / 27 / 2022 to 3 / 12 / 2022

Worker Name (Print Full Name): Jane Representative

Participant Name (Print Full Name): John Participant

Revised Timecard (Check if Applies):

WEEK 1		SHIFT 1 AM or PM		SHIFT 2 AM or PM		Staff Code S, S2, or S3	Staff Code R, H, C, or T	Total Per Day
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	# of HOURS	# of HOURS	# of HOURS
EXAMPLE	1/1/2019	11:30 AM	12:30 PM	1:00 AM	4:00 PM	1 (S)	3 (R)	4
Sunday	<u>2/27/22</u>							
Monday	<u>2/28/22</u>	8:00 AM	12:00 PM	12:30 AM	2:30 PM	6		6
Tuesday	<u>3/1/22</u>							
Wednesday	<u>3/2/22</u>	10:15 AM	3:45 PM			5.5		5.5
Thursday	<u>3/3/22</u>	8:00 AM	12:00 PM	5:00 AM	6:00 PM	4	1(C)	5
Friday	<u>3/4/22</u>							
Saturday	<u>3/5/22</u>							
<i>OVERTIME MUST BE PRE-APPROVED BY LEAD AGENCY (more than 40 hours per week)</i>							TOTAL HOURS PER WEEK	16.5

WEEK 2		SHIFT 1 AM or PM		SHIFT 2 AM or PM		Staff Code S	Staff Code R, H, C, T, or F	Total Per Day
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	# of HOURS	# of HOURS	# of HOURS
Sunday	<u>3/6/22</u>							
Monday	<u>3/7/22</u>	8:00 AM	12:00 PM	12:30 AM	2:30 PM	6		6
Tuesday	<u>3/8/22</u>							
Wednesday	<u>3/9/22</u>			4:00 AM	8:00 PM		4(H)	4
Thursday	<u>3/10/22</u>			9:15 AM	12:00 PM	2.75		2.75
Friday	<u>3/11/22</u>	12:00 PM	7:00 AM			7		7
Saturday	<u>3/12/22</u>							
<i>OVERTIME MUST BE PRE-APPROVED BY LEAD AGENCY (more than 40 hours per week)</i>							TOTAL HOURS PER WEEK	19.75
							TOTAL HOURS BOTH WEEKS	36.25

Acknowledgement & Required Approval: By signing below, you certify that this timecard verifies the above hours are a true and accurate record, includes all time actually worked by the Worker during this time period, and that hours were not worked while the Participant was in a hospital or care facility. All hours were pre-authorized and approved by the Representative and I agree to maintain a copy of this timecard for my records.

Jane Representative 3/13/22 John Participant 3/13/22
 Worker Signature Date Signed Representative Signature Date Signed

It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, sections 256B.0913, 256B.0915, 256B.0912 and 256B.49. Under Fair Labor Standards Act, recordkeeping regulations, 29 CFR Part 516: Representatives are required to keep records including certain identifying information about Worker, timecard, including total overtime for workweek and wages earned (must be accurate).

Submit to Payroll Department - Email: payroll@picsmn.org | Fax: 651-967-5061 | Mail: 1605 Eustis Street, St. Paul, MN 55108
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How do I know how many hours I can work? Speak to your Service Coordinator. Payroll does not have access to individual budgets and is unable to advise you.

How do I know what Staff Code my hours are? Speak to your Service Coordinator. They can advise you on what staffing types you have in your budget and what tasks should be categorized as each type.

I'm out of Timecards. How do I get more? You can print blank Timecards from our website (go to Workers, then Forms). You can also reach out to our office via phone, email, mail, or fax and we can mail you more Timecards.