

## Biweekly Time Sheet

Make plenty of copies of this timesheet. This is the only timesheet that will be accepted.

*If you make a mistake, mark a single line through the mistake, initial beside it and make the correction nearby.  
On days that a caregiver does not work, you may leave it blank or put a "0" or "X" in the box.*

- Checklist:**
- |   |   |
|---|---|
| <input type="checkbox"/> Blue or black ink              | <input type="checkbox"/> Timesheet submitted after hours worked |
| <input type="checkbox"/> Date and time in/out           | <input type="checkbox"/> Employer and employee both signed      |
| <input type="checkbox"/> # of hours worked for each day | <input type="checkbox"/> Did <b>NOT</b> use white-out           |

**Employer:** \_\_\_\_\_ **Employee:** \_\_\_\_\_

**Service Period:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **through** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Palco ID:** \_\_\_\_\_  
Month Day Year Month Day Year

Personal Care Service Hours – Week 1								Personal Care Service Hours – Week 2							
	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	
Time In	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	
Time Out	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	
# of hours															
Week Total	Week 1 Total Hours : _____							Week 2 Total Hours: _____							
<b>Biweekly Total Personal Care Service Hours →</b>															

Homemaker Service Hours – Week 1								Homemaker Service Hours – Week 2							
	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	
Time In	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	
Time Out	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	
# of hours															
Week Total	Week 1 Total Hours : _____							Week 2 Total Hours: _____							
<b>Biweekly Total Homemaker Service Hours →</b>															

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Your signature confirms that these hours were actually worked.**  
 If you sign this timesheet and the hours were not actually worked,  
**your timesheet will be sent to the office of Medicaid Inspector General  
 and Department of Labor for further review.**

Allow up to 2 business days after payday  
 for your financial institution to receive your funds from the Federal Reserve.

Timesheets are due by **5PM** on the **Friday** after the last day worked.

**Email To:** timesheets@palcofirst.com Or **Fax To:** 501-821-0045

Or **Mail To:** Palco P.O. Box 242930, Little Rock, AR 72223

*For assistance, please call toll free: 1-866-710-0456 or local: (501) 604-9936 or TDD/TTY: Relay Service 711*