



25 Kennedy Boulevard - Suite 600 East Brunswick, NJ 08816 1.800.471.3086 X 225 phone 1.888.525.0415 fax www.eastersealsnj.org

### <u>IMPORTANT</u>

**EMPLOYEE NAME:** 

**AUTHORIZED START DATE:** 

**DSP Hourly Rate:** 

**AUTHORIZED HOURS PER PLAN:** 

Budget Hourly Rate (Including employer taxes):

ENCLOSED ARE THE TIMESHEETS FOR YOUR NEW FAMILY-HIRE. PLEASE NOTE THE DIRECT SUPPORT PROFESSIONAL CANNOT BE PAID BY EASTER SEALS PRIOR TO THE AUTHORIZED START DATE.

### TIME SHEET INFORMATION PACKET

Enclosed you will find the following:

- A copy of the Plan of Care Outcome & Service pertaining to the new Individual Assistant
- A payroll calendar (which shows the period end dates for payroll)
- A holiday schedule
- A direct deposit authorization form (optional)
- Time sheet directions
- A sample time sheet
- Timesheets with file #
- Timesheet Fax cover sheet

The time sheets reflect the outcome and service numbers of your plan of care budget, so it is very important that you notify us when there has been any change in your Direct Support Professional's outcome or service numbers so we can forward you corrected time sheets.

Time sheets are to be mailed or faxed 1(888-525-0416) to reach Easter Seals no later than 3:00 the Monday following the end of a pay period.

If you have any questions regarding the time sheets, please contact me at (800) 471-3086 X 225.

Rev. 4/12





Creating Solutions, Changing Lives since 1948 New Jersey 25 Kennedy Boulevard - Suite 600 East Brunswick, NJ 08816 1.800.471.3086 phone

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2013 PAYROLL CALENDAR

### TIMESHEET FAX NUMBERS

Self Determination Fax: 1-888-860-8364 All other Self-Directed Services: 1-888-525.0416

Pay Period Dates	Timesheets Due	Pay Date
vest at a selection	THICSINGS DUC	r ay Dale
12/22/12 - 01/04/13	01/07/13	01/11/13
01/05/13 – 01/18/13	**01/18/13**	01/25/13
01/19/13 – 02/01/13	02/04/13	02/08/13
02/02/13 – 02/15/13	**02/15/13**	02/22/13
02/16/13 - 03/01/13	03/04/13	03/08/13
03/02/13 – 03/15/13	03/18/13	03/22/13
03/16/13 - 03/29/13	04/01/13	04/05/13
03/30/13 – 04/12/13	04/15/13	04/19/13
04/13/13 - 04/26/13	04/29/13	05/03/13
04/27/13 – 05/10/13	05/13/13	05/17/13
05/11/13 – 05/24/13	**05/24/13**	05/31/13
05/25/13 – 06/07/13	06/10/13	06/14/13
06/08/13 – 06/21/13	06/24/13	06/28/13
06/22/13 - 07/05/13	07/08/13	07/12/13
07/06/13 – 07/19/13	07/22/13	07/26/13
07/20/13 – 08/02/13	08/05/13	08/09/13
08/03/13 - 08/16/13	08/19/13	08/23/13
08/17/13 – 08/30/13	**08/30/13**	09/06/13
08/31/13 - 09/13/13	09/16/13	09/20/13
09/14/13 - 09/27/13	09/30/13	10/04/13
09/28/13- 10/11/13	**10/11/13**	10/18/13
10/12/13 – 10/25/13	10/28/13	11/01/13
10/26/13 – 11/08/13	11/11/13	11/15/13
11/09/13 – 11/22/13	11/25/13	11/29/13
11/23/13 – 12/06/13	12/09/13	12/13/13
12/07/13 – 12/20/13	**12/19/13**	12/27/13

<sup>\*\*</sup> DUE EARLY DUE TO HOLIDAY\*\*





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### **Easter Seals**

New Jersey
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### EASTER SEALS NEW JERSEY HOLIDAY SCHEDULE 2013

January 1	Tuesday	New Year's Day**		
January 21	Monday	Martin Luther King, Jr. Day		
February 18	Monday	Dragidan 4.2 D		
r con dan y 10	Monday	Presidents' Day		
May 27	Monday	Memorial Day**		
Plagen		serio seriores con al		
July 4	Thursday	Independence Day**		
September 2	Monday	Labor Day**		
	1va Ometaga y	Labor Day		
October 14	Monday	Columbus Day		
		AND		
November 28	Thursday	Thanksgiving Day**		
November 29	Friday	Day after Thanksgiving		
TANSIN D				
December 24	Tuesday	Christmas Eve		
December 25	Wednesday	Christmas Day**		
December 31	Tuesday	New Year's Eve		

<sup>\*\*</sup> Holidays for Option 2 and Option 3 - 6 Holidays

Part time staffs working 20 hours or more a week are entitled to paid holidays if it occurs on a regularly scheduled workday.

Staffs working under 20 hours per week are entitled to time and a half for holiday worked.





# EASTER SEALS NEW JERSEY DIRECT DEPOSIT AUTHORIZATION

Election for direct deposit requires full net pay to be distributed between the checking and savings accounts listed below. All direct deposit information will be verified with your bank before becoming active. You will receive paper checks until your accounts become active. A void check or a direct deposit form from the bank must be provided for each account listed below. Without the requested information as outlined, your direct deposit request will not commence.

<b>AUTHORIZATION AGREEMENT FOR</b>	AUTOMATIC DEPOSITS (ACH CREDITS)
COMPANY NAME: <u>EASTER S</u>	EALS NEW JERSEY
I hereby authorize Easter Seals New Jersey to pro- less any mandatory or authorized withholding or d	vide for direct deposit of any salary or wages due me leductions, in the below designated account.
due and payable to me, I hereby authorize Easter S  (a) Withhold a sum equal to the overpa	syment from future salary or wages; or
any reason, or if I no longer meet eligibility requir Easter Seals New Jersey may terminate my enrollar results in non-acceptance of a direct deposit by the Easter Seals New Jersey assumes no responsibility	withhold any part of my wage or salary payment for ement for the Direct Deposit program, I understand ment in the program. If any action taken by me e designated financial institution, I understand that
Please check: Checking Account	Savings Account
DEPOSITIORY (BANK) NAME:	BRANCH NAME/ADDRESS:
CITY:	STATE: ZIP:
Total Check Amount:YESNO	Partial Check Amount: \$
Transit/ABA#:	ACCOUNT NO:
This authority is to remain in full force and effect	until COMPANY has received written notification

Please forward completed form and documents to the Payroll Department at Easter Seals NJ 25 Kennedy Blvd. Suite 600 East Brunswick, NJ 08816

from me of its termination in such time and in such manner as to afford COMPANY and

DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE:

NAME: \_\_\_\_\_(Please Print)

SOCIAL SECURITY #: \_\_\_\_

DATE: \_\_\_\_\_



## EASTER SEALS NJ – FISCAL INTERMEDIARY SERVICES SELF DIRECTED SERVICES TIME SHEET DIRECTIONS

Please use the following guide to complete time sheets for all Direct Support Professionals (DSP).

Pay period This is the 2-week period that ends on the dates listed on the payroll calendar. This is the time frame

the DSP will be paid for. Please note that pay period begins on Saturday and ends on Friday.

### ALL INFORMATION ON TIMESHEET SHOULD BE TYPED OR WRITTEN IN INK.

Date

The date per day.

Time In

Time the DSP started to work for the day – (day starts at 12AM and ends at midnight).

Time Out

Time the DSP ended work for the day.

The total number of hours worked per day is entered in the appropriate column. For example, if staff works 4 hours doing Individual Supports a 4 is placed in the column that indicates Individual Supports for that service desciption. PLEASE NOTE THAT ANY DSP WHO WORKS FOR TWO OR MORE CONSUMERS AT THE SAME TIME, THE HOURS MUST BE SPLIT AMONG THE CONSUMERS AND THE TOTAL HOURS CANNOT BE BILLED TO EACH SEPARATELY. For example if a DSP works for 2 consumers together from 8:00am to 2:00pm they would have to charge 3 hours to one consumer and 3 hours to the other. If they were working for 3 consumers they would have to charge 2 hours to each.

\*\*Code/Legend: This will be filled in when the DSP is to be paid for anything other than a regular workday. The code letter is entered in the column next to the amount of hours that was worked or would have been worked that day. If no code is placed on time sheet, your assistant will be paid at regular rate if holiday is worked. If assistant is entitled to holiday off with pay and no code is placed on time sheet, he/she will not be paid for the day.

H = Holiday Not Worked - paid holiday (based on holiday plan selected) if scheduled work day

Y = Holiday Worked - holiday worked paid at time and a half instead of paid holiday

V = Vacation F = Flex J = Jury Duty B = Bereavement - self explanatory

Total wk 1

Total number of hours the DSP worked the first week of the pay period.

Total wk 2

Total number of hours the DSP worked the second week of the pay period.

**GRAND TOTAL** 

Total number of hours worked for both weeks.

**Employee Signature:** 

Signature of the Direct Support Professional.

SupervisorApproval:

Signature of the authorized signer as per the Signature Authorization Form.

You are responsible for completing and submitting an accurate time sheet of hours worked. The time sheet must be signed by you and the DSP to verify receipt of services.

DSPs will be paid for overtime at one and a half times their regular hourly rate for work performed in excess of 40 hours per week. DSPs will not be granted overtime hours without prior approval from you. Should they work these hours, they must be compensated, and appropriate action should be taken to address this. Please remember that any overtime you authorize should be included in your plan of care or you will exceed your budgeted amount.

All Direct Support Professionals who work holidays will be granted overtime at one and a half times their regular hourly rate instead of a paid holiday.

#### <u>Easter Seals New Jersey</u> <u>Real Life Choices Timesheet</u>

Name: File # Consumer:

Department: Option: Pay Period: xx/xx/xx - xx/xx/xx

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# **Timesheet Fax**

To: Judy Racioppi

From:

Date:

Re: TIMESHEETS

Fax: 1-888-525-0416

Phone: 1-800-471-3086

Phone:

Number of Pages:

COMMENTS:

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