| PUBLIC P. | ARTNERSH | IIPS, LLC E | mployee Tim | nesheet | (New Jersey Pe | rsonal Prefere | nce F | Progran | n) | F <i>F</i> | X to 1-84 | 4-561-5983 |
|--|---|------------------------------|-------------|------------------------------|---------------------|---|--------------------------|------------|------------------------------|--|--|---------------------|
| Participant: (Last Name, First Name) CONJP Participant ID: | | | | | | | | | | Service Type(fill ONE) O PCA O PCA Group | | |
| Employee: | (Last Name, I | First Name) | | | PON | JP | | | | 01: Bathing (03: Errands (05: Grooming (| 02: Dressing 04: Grocery 06: Health R 08: Meals | Shopping elated |
| Week 1 | Begin: Monday (mm/dd/yyyy | | y)/ | | /20 | Week 2 | End: Sunday (mm/dd/yyyy) | | | / | /20 | |
| | Time In | AM/PM | Time Out | AM/PM | Primary Activity | | Ti | me In | AM/PM | Time Out | AM/PM | Primary Activity |
| on | | AM PM O O AM PM O O | | AM PM O O AM PM O O | | Mon | |]: - | AM PM O O AM PM O O | H:H | AM PM O O AM PM O O | |
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| i | | AM PM O O AM PM O O | | AM PM O O | | Fri | | | AM PM O O AM PM O O | | AM PM O O | |
| at | | AM PM O O AM PM O O | | AM PM O O AM PM O O | | Sat | | | AM PM O O AM PM O O | | AM PM O O AM PM O O | |
| un | | AM PM O O AM PM O O | | AM PM O O AM PM O O | | Sun | | | AM PM O O AM PM O O | | AM PM O O | |
| times des | g below, I certify that I have provided the services to the participant during the scribed on this timesheet. m/dd/yyyy): Employee Signature: | | | | | By signing below, I certify that the participant has received the hours of service as reported above. Date (mm/dd/yyyy): Participant/Employer Signature: | | | | | | |
| 29292 | / [20] | | | | | | <u> </u> | 20 | | | , - | |
| ★ USI | E BLACK INK, P R BOX, TRY NO | PRINT ONE CH T TO TOUCH T | ARACTER CO | ORRECT CORRECT | →120129 →302H29 | UTTDC://E | MS.PU | | ET ONLINE! (RTNERSHIPS | GO TO COM FOR FAST | Γ, SECURE, | REAL-TIME |