ABILITY360

Home Care Services
1001 N. Alvernon Way
Tucson, AZ 85711
www.ability360.org

Payroll Clerk
520-316-4308

DEADLINE:
MONDAY 4 PM
INCLUDING HOLIDAYS
Time sheets received after 4 pm on Monday will not be paid until the following week.

Payroll Fax #: 520-207-4000
Email:
HCSPayroll.pima@ability360.org

Office Use Only			
Health Plan	**Pay Rate**		
MC	High	Low	AH
BN	PC	HM	CC
Pr Pay	Rsp	Hrly	Daily
Con Hrs/PA Hrs: /			
Week #:			

Employee Name:_____
FIRST LAST

ID# ___ - ___ ___ ___ ___ ___

Consumer Name:_____
FIRST LAST

You must notify your Supervisor immediately of changes in consumer's condition or hours, and hospitalizations or nursing home admissions and discharges. You must notify Ability360 within 3 hours of your start time if you are unable to work your scheduled shift.

PLEASE PRINT USING BLACK INK		**Sun**	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**TOTAL HOURS**
Year_____ Fill In Date →									
Check One Service Per Time Card	**Start**								
_____ ***Attendant Care*** ☐ ***Relief***									
_____ ***Companion Care***	**Out**								
_____ ***Homemaking***	**In**								
_____ ***Personal Care***	**End**								
_____ ***Respite***	**TOTAL**								
CIRCLE APPLICABLE TASKS		***CHECK DAILY TASKS PERFORMED***							
EATING									
ORAL CARE / SHAVING / NAIL CARE									
DRESSING / GROOMING									
BATHING - BED BATH / TUB BATH / SHOWER									
BED MOBILITY - REPOSITION EVERY ____ HOURS									
TRANSFERS – ASSIST / PIVOT / FULL / HOYER									
ASSIST WITH AMBULATION									
RANGE OF MOTION EXERCISES									
ASSIST TO BATHROOM / INCONTINENT CARE									
REMIND OR ASSIST WITH SELF-MEDICATION									
COMPANIONSHIP / SUPERVISION									
ACCOMPANY TO DOCTOR APPOINTMENTS									
DUST									
FLOORS – SWEEP / MOP / VACUUM									
CLEAN BATHROOM / BEDROOM / KITCHEN									
CLEAN OVEN / REFRIGERATOR									
LAUNDRY / BED LINENS									
SHOPPING									
MEAL PREP – BREAKFAST / LUNCH / DINNER									

Employee Signature_____ **Date**_____ **Emp. Phone #**_____

Consumer Signature_____ **Date**_____

Employees may not submit hours for any days that a consumer is in the hospital. Employees who submit hours when the consumer was not home for service will be required to reimburse Ability360 either through payroll deduction or payment in cash or check. Employees agree to payroll deduction of any hours that were paid but not provided or authorized by their Supervisor. "I understand that this timesheet will be used to process claims that will be paid from Federal and State funds, and that any willful falsification, or concealment of a material fact, may be prosecuted under Federal and State Laws. I certify that to the best of my knowledge the foregoing information is true, accurate and complete." **Submission of illegible, incomplete, unauthorized, or late time sheets WILL delay payment.**