

# ABILITY360

Home Care Services  
 5025 E. Washington St., Suite 200  
 Phoenix, AZ 85034  
 www.ability360.org

## Payroll Clerks

A-G (602) 296-0546  
 H-N (602) 296-0516  
 O-Z (602) 296-0506

**DEADLINE:**  
**MONDAY 12 NOON**  
**INCLUDING HOLIDAYS**

Fax #: (602) 296-0505 - Main  
 (602) 256-0184 - Central  
 (480) 655-9751 - Mesa  
 (602) 424-4118 - Glendale  
 Email: HCSPayroll@ability360.org

Office Use Only	
AC	
HAB	
Rsp Hrly	
Week #:	

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

*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.*

Consumer Name: \_\_\_\_\_

Date	Time In AM/PM	Time Out AM/PM	Attendant Care	Habilitation	Respite	Responsible Person's Initials
<b>Totals</b> ➔						

Notes or concerns \_\_\_\_\_

Responsible Person's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_ Emp. Phone # \_\_\_\_\_

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.**