

**Timesheet Submission**  
**Mail** 515 South 700 East, Suite 2B  
 Salt Lake City, UT 84102  
**Fax** 855.500.4521  
**Phone** 801.317.1900  
**Email** Timesheets@WasatchSD.com

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

Employer Name: \_\_\_\_\_

Pay Period Begins (MM/DD/YYYY): \_\_\_\_\_ Pay Period Ends (MM/DD/YYYY): \_\_\_\_\_

**Tasks: Please check all tasks performed.**

Service Date	Time In		Time Out		Total Hours*	Service Code	Meal Prep	Laundry	Household Care	Eating	Personal Hygiene	Bathing	Dressing	Med Admin	Money Management	Non-Medical Care	Community Activity	Relationship Building	Service Notes	
	AM	PM	AM	PM																
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The Participant Employer and Employee certify that the information provided on this timesheet is a true and accurate statement of the services provided. The Participant Employer and Employee understand that payment for services are subject to payroll taxes.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_