



# UTAH MCCW Timesheet

**Reminder:**  
Maximum of 6 hours per day  
Maximum of 13 hours per month

Timesheet Submission	
<b>Mail</b>	515 South 700 East, Suite 2B Salt Lake City, UT 84102
<b>Fax</b>	855.500.4521
<b>Phone</b>	801.317.1900
<b>Email</b>	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 Mgmt	Non-Med Care	Community Activity	Rtnshp Bldg	Service Notes
	AM	PM	AM	PM															
/	:	AM	:	AM															
/	:	AM	:	AM															
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The Employer and Employee certify that the information provided on this timesheet is a true and accurate statement of the services provided. The Employer and Employee understand that payment for services are subject to payroll taxes.

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