

PPA Timesheet/Services Provider Log

PRINT - Personal Assistant Name _____

PRINT-Consumer-Partner Name _____

MONTH _____

Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Time In																	
Time Out																	
Time In																	
Time Out																	
Time In																	
Time Out																	
*Total Hours																	
CP's Daily Initials																	
PA's daily Initials																	
Travel Time fr previous CP (in minutes)																	
Previous CP's initials																	
Services																	
Shower/Bathing																	
Oral Hygiene/Grooming																	
Dressing																	
Transferring																	
Assistance with Eating																	
Medication																	
Household Cleaning																	
Laundry																	
Shopping for Food/Pick up Meds																	
Meal Prep																	
Catheters or Leg Bags																	
Suctioning																	
Specialized Skin Care																	
Range of Motion Exercises																	
Transportation/Mobility																	
Toileting/Bowel Program																	

Consumer-Partner Signature: _____

Date: _____ **Personal Assistant's Signature:** _____ Date: _____

Are you satisfied with the services provided to you? YES
 If NO, why not? _____

* Total Hours of all shifts worked that day for Consumer.

** CSTS Consumers: Please turn-in receipts, mileage AND descriptions of services received.

TIMESHEETS are due into PPA's office NO LATER than the End of the 3rd Business Day after the end of the Pay Period

It is the responsibility of the Personal Assistant to insure their timesheet is sent to, and received by, PPA for processing.

It is required for funding purposes that all timesheets are signed by both the Consumer AND Personal Assistant or it cannot be verified and processed.