



Email Timesheets to: sequoiavendors@sequoiasd.com

Participant Name		Pay Period Beginning	/ /
Employer Name		Pay Period Ending	/ /
Direct Care Professional Name		Date Submitted	/ /

Service Date (MM/DD)	Time In	Time Out	Service Code	Total Hours
/	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM		
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Totals				

The Employer and Worker certify that the information provided on this timesheet is a true and accurate statement of the services provided. The Employer and Worker understand that payment for services provided are subject to payroll taxes.

DCP/Worker Signature: _____ Date: ___ / ___ / ___

Employer Signature: _____ Date: ___ / ___ / ___