SequoiaSD
Part of the AssuranceSD Family

DIRECT CARE PROFESSIONAL TIMECARD

Email Timesheets to: **sequoiavendors@sequoiasd.com**

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

Service Date (MM/DD)	Time In		Time Out		Service Code	Total Hours
/	:	○ AM ● PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
/	:	○ AM ○ PM	:	○ AM ○ PM		
					Totals	

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

DCP/Worker Signature: ______________________________ Date: ____________

Employer/Authorized Representative Signature: ______________________________ Date: ____________