



SEMI-MONTHLY TIME SHEET

TRACY STEIN MANAGEMENT SERVICES, INC.
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**TIMESHEETS ARE TO BE FAXED TO TSM NO LATER THAN 5PM THE DAY FOLLOWING THE PAY PERIOD.
 ANY TIME SHEETS RECEIVED IN OUR OFFICE AFTER THIS CUT OFF WILL BE PROCESSED IN THE NEXT PAY CYCLE.**

CO-EMPLOYER NAME: _____ **EMPLOYEE NAME:** _____

CO-EMPLOYER #: _____

CONSUMER NAME: _____

UIC #: _____

PAY PERIOD: FROM: _____ TO: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

RECORD TIME TO THE NEAREST 1/4 HOUR AS FOLLOWS: 15 MIN = .25 HOUR, 30 MIN = 0.5 HOUR, 45 MIN = 0.75 HOUR

CIRCLE DATE		IN	OUT	IN	OUT	TOTAL
1	16	AM/PM	AM/PM	AM/PM	AM/PM	
2	17	AM/PM	AM/PM	AM/PM	AM/PM	
3	18	AM/PM	AM/PM	AM/PM	AM/PM	
4	19	AM/PM	AM/PM	AM/PM	AM/PM	
5	20	AM/PM	AM/PM	AM/PM	AM/PM	
6	21	AM/PM	AM/PM	AM/PM	AM/PM	
7	22	AM/PM	AM/PM	AM/PM	AM/PM	
8	23	AM/PM	AM/PM	AM/PM	AM/PM	
9	24	AM/PM	AM/PM	AM/PM	AM/PM	
10	25	AM/PM	AM/PM	AM/PM	AM/PM	
11	26	AM/PM	AM/PM	AM/PM	AM/PM	
12	27	AM/PM	AM/PM	AM/PM	AM/PM	
13	28	AM/PM	AM/PM	AM/PM	AM/PM	
14	29	AM/PM	AM/PM	AM/PM	AM/PM	
15	30	AM/PM	AM/PM	AM/PM	AM/PM	
	31	AM/PM	AM/PM	AM/PM	AM/PM	
GRAND TOTAL						

I UNDERSTAND THAT I HAVE BEEN HIRED UNDER THE WELFARE COMMISSION ORDER NO. 15-2001 FOR HOUSEHOLD OCCUPATIONS THEREFOR I WILL NOT RECEIVE ANY OVERTIME PAY UNLESS I WORK OVER 12/HRS A DAY OVER 5 DAYS A WEEK.

I CERTIFY THAT THE HOURS SHOWN ABOVE REPRESENT MY TOTAL HOURS WORKED DURING THE PAY PERIOD INDICATED, AND THAT THIS FORM HAS BEEN TURNED INTO MY CO-EMPLOYER FOR VERIFICATION. I UNDERSTAND MY EMPLOYER IS AN AT WILL EMPLOYER.

 SIGNATURE OF EMPLOYEE

RATE OF PAY IS \$ _____ PER HOUR. CAT #: _____

 SIGNATURE OF EMPLOYER