

James Patrick –Personal Assistance Services Program Employer: _____ Phone: _____

PCA Timesheet (please print) PCA: _____ Phone: _____

Month: _____ PCA hourly rate: _____

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date								
Beginning/Ending Time								
Beginning/Ending Time								
Beginning/Ending Time								
Total Hours/Day								
Total Hours/Week								
Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date								
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Total Hours/Day								
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Beginning/Ending Time								
Beginning/Ending Time								
Total Hours/Day								
Total Hours/Week								
Total Hours/Week		Employer's Signature: _____					Date: _____	
Total Hours/Month		PCA's Signature: _____					Date: _____	



**Florida Association of Centers for Independent Living
James Patrick – Personal Attendant Services Program
PCA Timesheet Instructions**

You should have received a one month (five-week) PCA Timesheet in your **James Patrick – Personal Assistance Services Program** Acceptance Package. Please make the appropriate amount of copies for your PCAs.

Prior to each month of PAS, fill out the top portion of a blank PCA Timesheet (your name and phone number, your PCA’s name and phone number, the month, and the dates.) Have your PCA fill out their beginning and ending times for each day they visit. If your PCA visits more frequently than 3 times per day, they can include more than one “Beginning/Ending Time” on each line to reflect their actual schedule as shown below:

James Patrick –Personal Assistance Services Program Employer: John Smith Phone: _____
PCA Timesheet (please print) PCA: Jane Doe Phone: _____
Month: January 2008 PCA hourly rate: \$12.00

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date: Jan 1-7, '08	1/1/08	1/2/08	1/3/08	1/4/08	1/5/08	1/6/08	1/7/08
Beginning/Ending Time	6 AM - 7 AM	6 AM - 7 AM	6 AM - 7 AM	6 AM - 7 AM	6 AM - 7 AM	8 AM - 9 AM	8 AM - 9 AM
Beginning/Ending Time	1 PM - 2 PM	1 PM - 2 PM	1 PM - 2 PM	1 PM - 2 PM	1 PM - 2 PM	1 PM - 2 PM	1 PM - 2 PM
Beginning/Ending Time	6 PM - 7 PM	6 PM - 7 PM	6 PM - 7 PM	6 PM - 7 PM	6 PM - 7 PM	9 AM - 10 AM	8 PM - 9 PM
Total Hours/Day	3	3	3	3	3	3	3
Total Hours/Week	21						

At the end of each month, review and sign the completed PCA Timesheet and fax it to FACIL along with a Payment Request Form and if selected the “pay me” option, copies of the checks you wrote to your PCA in payment of PAS received for that month to:

Florida Association of
Centers for Independent Living (FACIL)
Fax: 850-575-6093

All reimbursement documents are **due on the 1st**
and late after the 10th of the month following the month PAS is received.