Fax Toll Free using 1-888-800-7336
Email to: Payroll@MyMRCI.ORG

Homemaker – Cleaning Only
MRCI Time Sheet
Please PRINT using black ink

Employee # _____
for office use only

Employee's Name: _____

Client's Name: _____ County _____

Client Representative: _____ Daytime Phone # _____

2-Week Pay Period: Sun: ____/____/____ Sat: ____/____/____ Was the Client **hospitalized** during this pay period? Yes No
(mm/dd/year) (mm/dd/year)

If yes, dates hospitalized_____
You cannot bill for any hours in any day that the Client is hospitalized

Date	From	Hours	To	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	
	am/pm		am/pm	
	am/pm		am/pm	

Hourly rate: $ _____ **Totals for the pay period** _____

The hours recorded above are accurate and complete for the period indicated.

_____ _____
Signature of Employee Signature of Client/Representative

Not valid unless signed by both Parties

****If hours exceed 40 in a calendar week (Sunday thru Saturday), the resulting overtime may be reportable to the County****

FOR OFFICE USE ONLY: Total wages = _____

P.P.E. _____ ___% of TW = _____

___ Spreadsheet Total =