

TIME SHEET

Concepts of Independence, Inc.

50 Sansonville Plaza, Suite 207, West Haverstraw, NY 10993
844-692-3727 (844-NYCDPAS)

CONSUMER: _____

ID: _____

Reminder to Personal Assistants:

1. Print your name, ID Number, and sign.
2. Insert PTO Hours requested and/or ACTUAL Training and Jury Duty Hours.
3. Insert total hours requested.

Reminder to Consumer/Designated Representative:

1. Review and verify that the information inserted by the PAs is accurate.
2. If all of the information is correct, sign and date the timesheet.
3. Mail, Fax, or E-Mail the timesheet to timesheet@coiny.org

MISCELLANEOUS TIMESHEET

PERSONAL ASSISTANT		PTO HRS	TRAINING HRS	JURY DUTY HRS	TOTAL HRS
PRINT NAME:	PA ID#				
SIGN:					
PRINT NAME:	PA ID#				
SIGN:					
PRINT NAME:	PA ID#				
SIGN:					
PRINT NAME:	PA ID#				
SIGN:					

I approve the PTO Hours requested and verify that the Training and Jury Duty Hours Requested are accurate.

EMPLOYER SIGNATURE - CONSUMER/DESIGNATED REPRESENTATIVE _____

DATE _____