

**SDS Payroll Services Time Sheet** \*\* Remember, do not work more than authorized. Submitting an incorrect time sheet will delay payroll. \*\*

Employee Name (Print): \_\_\_\_\_

Cares = Personal Cares / Housekeeping    Comp = Companion    DLS = Daily Living Skills

Pay Period Starting (MM/DD/YY): \_\_\_\_\_

Pay Period Ending (MM/DD/YY): \_\_\_\_\_

Day of Month	Times worked each day am/pm	Hours Worked		
		Cares	Comp	DLS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
<b>Total hours:</b>				
<b>Due by the 20th</b>				

Day of Month	Times worked each day am/pm	Hours Worked		
		Cares	Comp	DLS
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
<b>Total hours:</b>				
<b>Due by the 5th</b>				

PLEASE PRINT CLEARLY

Member's Name (Print) \_\_\_\_\_

I certify that the information provided on this form is a true and accurate statement of the services provided. My employee has not exceeded my authorized hours. If exceeded, I will be responsible to refund the wages and taxes to SDS Payroll Services.

Member or Guardian/POA Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I worked the hours shown on this time sheet are true and accurate. I understand that if I submit late time sheets there will be a \$25 late processing fee per pay period.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Phone \_\_\_\_\_

I'm providing more hours, other worker not available

Submit your time sheet at the end of the pay period in one of the following ways. Please note, the first two methods will ensure your time sheet will be received on time.

- Email a picture from your cell phone or electronic device to [timesheets@sdsrollservices.com](mailto:timesheets@sdsrollservices.com)
- Fax it to (262) 804-8134
- Drop it off in the gray box located in the SDS parking lot
- Mail it to: SDS Payroll Services  
7425 Harwood Ave  
Wauwatosa, WI 53213

Visit <https://www.sdsrollservices.com> for more info