

If faxing, please do not mail

Please PRINT in black or blue ink

MRCI
Agency with Choice and Fiscal Support Entity
Employee Timesheet Summary Sheet

Consumer _____ County _____

Consumer's Representative (if applicable) _____ Phone _____

Month _____ Pay Period: 1-15 16-end of month (please circle)

Table with columns: Employee Name, Wage Information (Total Hours Worked, Rate/ Hour), OFFICE USE ONLY (Gross Wage, 12% of Gross, Total), Mileage (Total Miles)

In addition to the wages shown above, the budget will be charged 12% for payroll taxes and Worker's Compensation. Also, the administrative fee that will be charged to the budget (one time per month) will be: \$75 if the budget is less than \$10,000; \$110 if the budget is at or between \$10,000 and \$14,999; or \$160 if the budget is \$15,000 or more.

CONSUMER/REPRESENTATIVE SIGNATURE _____ DATE _____

Instructions:

- 1. Record the total number of hours worked by each employee during the pay period and the rate per hour.
2. Attach Mileage Sheet.
3. This summary sheet and the timesheet must be received by MRCI by the 3rd and the 18th of each month in order to meet payroll deadlines.
4. Fax toll-free using 1-888-800-7336.
5. If not faxing, mail to:

MRCI-Mankato
Attention: EOR Payroll
P.O. Box 328
Mankato, MN 56002-0328

Office use only
Excel _____
Spread sheet _____