

Please PRINT in black ink

CDCS Checkbook 2008

MRCI Timesheet Summary for Dakota County Checkbook

Must accompany time sheet

Name of consumer _____ Daytime Phone # _____

Name of representative (if not consumer) _____

Name of employee _____

CHECK ONE OF THE FOLLOWING:

_____ Hours for this employee are Personal Assistance hours

_____ Hours for this employee are Treatment and Training hours

_____ Hours for this employee are split between Personal Assistance and Treatment and Training:
of Personal Assistance hours _____ # of Treatment and Training hours _____

Total hours worked _____

Rate per hour _____

Total wages _____ (Hours worked times rate per hour)

Payroll Taxes + Workers' Comp= (12% of total wages) _____ (Total wages times 12%-SDS)

Total Withdrawal _____ (Total wages plus 12% for payroll taxes and workers' compensation)

There will be a separate withdrawal for \$100 per month for the administration fee, regardless of whether or not there is activity in that month.

The timesheet and timesheet summary must be received by MRCI-Mankato by the 3rd and the 18th of each month in order to meet MRCI payroll deadlines (sometimes the due dates are earlier—please consult your payroll calendar). Reports received after this date will not be processed until the following pay cycle.

Summary sheets and timesheets may be mailed to MRCI or faxed to MRCI using 1-888-800-7336. Or, forms can be scanned and e-mailed to MRCI as attachments—please e-mail to Ruby Isebrand at risebrand@MRCIWorkSource.org with a cc to Ellen Wendt at ewendt@MRCIWorkSource.org.

Office Use

P.P.E _____

Fund transfer date _____