

☺ IF Faxing, Please DO NOT mail original ☹ Please PRINT in black or blue ink.

**MRCI
PCA CHOICE
Employee Timesheet Summary Sheet**

Individual Receiving Services: _____ County: _____

Responsible Party: _____ Phone: _____

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

Employee	Wage Information	
	Total Hours Worked	Rate/ Hour

RESPONSIBLE PARTY SIGNATURE: _____ DATE: _____

Instructions:

1. Record the total number of hours worked by each employee during the pay period and the rate per hour.
2. Summary sheet, timesheet and time sheet addendum must be received by MRCI by the 3rd and 18th of each month in order to meet payroll deadlines. The information may be faxed to 1-888-800-7336.
3. **Employees may work up to 40 hours per week, the week begins on Sunday and ends on Saturday.**

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

507-386-5600
800-829-7110

Office Use Only

Spreadsheet _____

P.P.E. _____