

If faxing, please do not mail

Please PRINT in black ink

**RESPITE**  
**MRCI Timesheet Summary**

Must accompany respite time sheet

Name of consumer's representative \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

Name of consumer \_\_\_\_\_ County \_\_\_\_\_

Name of employee (respite provider) \_\_\_\_\_

Using figures from the Respite Timesheet:

Total work hours \_\_\_\_\_

Hourly rate \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Total wages = \_\_\_\_\_

20% of TW = \_\_\_\_\_

Total = \_\_\_\_\_

The respite timesheet and respite timesheet summary must be received by MRCI-Mankato by the 3<sup>rd</sup> and the 18<sup>th</sup> of each month in order to meet MRCI payroll deadlines (or the Friday before if these dates fall on a weekend). Reports received after this date will not be processed until the following pay cycle.

**Fax toll free using 1-888-800-7336**

If mailing, address to:

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

Excel \_\_\_\_\_

Office Use

Spreadsheet \_\_\_\_\_

P.P.E \_\_\_\_\_