UCP FISCAL AGENT SERVICES

Return timesheet to: 206 Water Street - Eau Claire, WI 54703 Fax: 715-832-8203

Employer Person receiving the care

Address ____________________

Employer Signature ____________________

Employee Person giving the care

Address ____________________

Phone ____________________ ☐ Change of Address

Employee Signature ____________________

Anyone making a false claim for reimbursement will be prosecuted to the fullest extent of the law.
Dates of service older than 60 days will not be paid.

DATE	Time Start	Time End	Pay Rate Hrly/Daily	Total Hours	
			TOTAL HOURS		

ECFA White - Payroll CHIP Yellow - File DUNN Pink - Employer MCO BUFF Gold - Employee RUSK

Employer & Employee must sign time sheet.

Please turn in the white & yellow copies of the time sheet.

Time sheets can be:

1. **USPS mail** – United Cerebral Palsy
   206 Water Street
   Eau Claire, WI 54703
2. **Dropped off**
3. **Emailed:** ucptimesheets@gmail.com
4. **Faxed:** 715-832-8203

Sample Copy