This page is sample of a UCP of WCW timesheet. In order for timesheets to be processed, signatures from BOTH the Client AND the Caregiver are required. If one or both signatures are missing, the timesheet will not be processed and UCP of WCW will contact you to request correction and resubmission.

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Employer: The Caregiver should print the Client's full legal name		UCP FISCAL AGENT SERVICES Return timesheet to 2153 EastRidge Center Eau Claire, WI 54701 Fax 715-832-8203 ucptimesheets@ucpwcw.org					
Address: The Caregiver should print the Client's full address, including street, city, state, ZIP code		Employer:	107/13-	052-0205			
Phone: The Caregiver should print the Client's phone number	Ν	Phone: Email: Employer Signature:					
Email: The Caregiver should print the Client's email address		Employee:					
Employer Signature: The Client must sign their full legal name in order for the timesheet to be processed		Phone: Email: Employee Signature:					
	-	Date 6/1/2020	Time Start	Time End	Pay Rate Hrly/Daily \$12/hour	Total Hours	
	<u> </u>	6/3/2020	9:00a	12:15p	\$12/hour	3.25 hours	
Employee: The Caregiver should print their full legal name		6/4/2020	9:00a 8:30a	2:00p	\$12/hour \$12/hour	5.5 hours	
Address: The Caregiver should print their full address, including street, city, state, ZIP code							
Phone: The Caregiver should print their phone number							
Email: The Caregiver should print their email address							
Employee Signature: The Caregiver must sign their full legal name in order for the timesheet to be processed							
		Total Hours 11.75 hours					
		INCLUSA	RUSK	IRIS	CARE WI	OTHER:	

Every timesheet must include:

- Dates worked
- Time work started
- Time work ended
- Pay rate \$ amount/hourly daily (e.g. \$12/hour, \$30/day)
- Total hours per date worked, which are calculated in ¼ hour increments (e.g. 1.25 hours, 3.75 hours)
- Total hours column added and recorded at the bottom of the timesheet
- Indication of which program work was completed for