

TIME SHEET

Concepts of Independence, Inc.

120 Wall Street, 9th Floor, New York, NY 10005

844-692-3727 (844-NYCDPAS)

CONSUMER:

ID: _____

Reminder to Personal Assistants:

1. Print your name, ID Number, and sign.
2. Insert PTO Hours requested and/or ACTUAL Training and Jury Duty Hours.
3. Insert total hours requested.

Reminder to Consumer/Designated Representative:

1. Review and verify that the information inserted by the PAs is accurate.
2. If all of the information is correct, sign and date the timesheet.
3. Mail, Fax, or E-Mail the timesheet to timesheet@coiny.org

MISCELLANEOUS TIMESHEET

| PERSONAL ASSISTANT | | PTO HRS | TRAINING HRS | JURY DUTY HRS | TOTAL HRS |
|--------------------|--------|------------|-----------------|------------------|--------------|
| PRINT NAME: | PA ID# | | | | |
| SIGN: | | | | | |
| PRINT NAME: | PA ID# | | | | |
| SIGN: | | | | | |
| PRINT NAME: | PA ID# | | | | |
| SIGN: | | | | | |
| PRINT NAME: | PA ID# | | | | |
| SIGN: | | | | | |

I approve the PTO Hours requested and verify that the Training and Jury Duty Hours Requested are accurate.

EMPLOYER SIGNATURE - CONSUMER/DESIGNATED REPRESENTATIVE

DATE