



## **NEW TIMESHEET INFORMATION**

### **Timesheets with no travel must be mailed with correct postage to:**

IHSS Timesheet Processing Facility  
Address: P.O. Box 272862, Chico, CA 95927-2862

### **Travel Claim forms must be mailed with correct postage to:**

IHSS Timesheet Processing Facility  
Address: P.O. Box 272863, Chico, CA 95927-2863

Do not mail or drop off timesheets to any County of San Bernardino office

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### **Direct Deposit, lien and only paycheck status questions, please call:**

State Paycheck and Direct Deposit Hotline

**1-866-376-7066**

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### **To Order Timesheets, Explanation on Deductions, Warrant Issues and Paycheck Status Questions**

Call our San Bernardino County Paycheck Customer Service hotline!

**1-800-722-4595**

Hours: 9:00am to 5:00pm

Or Email: [IHSSPaycheck@hss.sbcounty.gov](mailto:IHSSPaycheck@hss.sbcounty.gov)

**Do not call to check on Timesheet / Paycheck status until 10 business days  
from the date that the timesheet was mailed**

## **FREQUENTLY ASKED QUESTIONS**

**Q. Can I mail all my timesheets in one envelope?**

A. No. Please mail one timesheet per envelope.

**Q. What do the boxes with H – H – M – M indicate?**

A. Hours and minutes.

**Q. Do we receive overtime pay?**

A. Yes. As of February 1<sup>st</sup>, 2016, Providers will be paid for overtime at a rate equal to one and one-half times the regular rate, when their time exceeds 40 hours per week up to 66 hours per week. Providers **CANNOT** work more than 66 hours per week.

**Q. Do we get paid for travel time?**

A. Yes. As of February 1<sup>st</sup>, 2016, Providers will be paid for time spent traveling between two recipients on the same work day, up to seven hours per workweek.

**Q. How will I know how many hours I can work every month/week?**

R. Check with the Client and read their Notice of Action (SOC 858) to find your monthly hours. Then divide their monthly hours by 4 to find your weekly authorized hours.

**Q. How do I keep track of my hours?**

A. Make a copy of each completed timesheet before mailing it in for payment.

**Q. What do I do if I damage my timesheet? What do I do if I need a timesheet?**

A. Call Paycheck Customer Service and they will mail one to you.



## **IHSS TIMESHEET TIPS**

**DO NOT** claim all the monthly authorized hours on the first pay period.

**DO** claim half the hours the first pay period and the second half on the second pay period.

**DO NOT** write more than one number per box.

**DO** enter hours and minutes worked in the boxes next to the date worked.

**DO NOT** use white out. The payroll system will not be able to scan and process.

**DO:** if an error is made when writing the number in a box, draw a diagonal line over the error and write the correct number in the corner of the same box (do not initial the correction).

**DO NOT** attach or staple extra documents to your timesheet

**DO NOT** cross out or write over pre-printed zeroes

**DO** print hours and minutes worked in blank boxes **only**

**DO NOT** fold or alter your timesheet

**DO** use pre-printed IHSS envelope with black line when mailing in your timesheet

**DO NOT** write anywhere on the timesheet except the signature area and time entry boxes.

The time entry boxes are for numbers only

**DO** print clearly and neatly so the numbers and signature can be properly scanned

**DO NOT** mail the timesheet in prior to the end of the pay period

**DO** mail timesheet within 2 weeks of the last day of the pay period for timely processing

**DO NOT** send top portion of your timesheet

**DO** cut and detach completed timesheet and mail in pre-printed IHSS envelope

### **~ TRAVEL TIME ~**

- If claiming travel time, travel claim forms must be submitted with your timesheet and mailed in the Travel Timesheet envelope (with the red bar at the top).
- You can only claim a maximum of 7 hours of travel time per week.
- Travel time does not include the time it takes the Provider to travel from his/her own home to the location where he/she provides services for a Client or back home after the work is completed (except for those Providers who live with their Clients).
- The Provider will get paid for actual travel time regardless of the method of travel used (driving a car, public transit, walking, biking, etc.)
- The Provider is responsible for keeping track of his/her travel time each week so that he/she can report it on the travel claim form.
- The time spent traveling between recipient locations does not count toward the Provider's maximum weekly hour of 66 hours and is not deducted from any recipient's monthly authorized hours.
- A separate check will be mailed for travel time.

### **~ WAIT TIME ~**

- As of February 1<sup>st</sup>, 2016, Providers may be paid for certain periods of wait time. Please see your Clients Social Worker for additional information.

- The following are two definitions for the different types of wait time.
  - Engaged to Wait – The Provider is not performing work duties but he/she is unable to use the time effectively for his/her own purposes. These periods of time are generally unpredictable and usually of short duration. The wait time is an integral part of the job; it belongs to and is controlled by the recipient. This term will hereafter be referred to as “Wait Time – On Duty”.
  - Waiting to be Engaged – The Provider is completely relieved from performing work duties and he/she has enough time to enable him/her to use the time effectively for his/her own purposes. The Provider must be informed in advance that he/she may leave the job and that he/she will not have to resume work until a specified time. This term will hereafter be referred to as “Wait Time – Off Duty”.

## **~ VIOLATIONS ~**

- Violations for going over workweek and travel time limits begin May 1<sup>st</sup>, 2016. If Providers submit a timesheet reporting hours that exceed the maximum weekly hours (66 hours) or the travel time limits (7 hours), a violation will be given.
  - 1<sup>st</sup> violation – The Client(s) will get a notice of the violation with appeal rights information
  - 2<sup>nd</sup> violation – The Client(s) and I will get a notice of the second violation with appeal rights information, and the Provider will have the choice of completing a one-time training about the workweek and travel time limits. If the Provider chooses to complete this training, they will avoid getting a second violation. However, if the Provider chooses not to complete the training within 14 calendar days of the date of notice, they will get a second violation.
  - 3<sup>rd</sup> Violation – The Client(s) and Provider will get a notice of the third violation with appeal rights information and the Provider will be suspended with the IHSS program for three months.
  - 4<sup>th</sup> Violation – The Client(s) and Provider will get a notice of the fourth violation with appeal rights information. The Provider will also be terminated with the IHSS program for one year.

Once the Provider has received a violation, the violation will remain on their record. However, after one year, if the Provider does not receive another violation, the number of violations they have received will be reduced by one. As long as they do not receive any additional violations, each year after the last violation, their violations will be reduced by one.

If the Provider receives a 4<sup>th</sup> violation, they will be terminated as a provider for one year. When the year is up, they may re-apply to be an IHSS Provider. The violations count will then be reset to zero.

If the Provider is terminated as an IHSS provider because of multiple violations, they can reapply to be an IHSS provider when the one year termination ends and will have to complete all of the provider enrollment requirements again, including the criminal background check, provider orientation, and completing all required forms before they can be reinstated.

## **~ FORMS ~**

- The following are a list of forms that are due by April 15<sup>th</sup>:
  - SOC 846 – Was/is given to Providers during Orientation. This revision must be completed and submitted by no later than April 15<sup>th</sup> 2016. Failure to do so may result in the Provider being terminated effective May 1<sup>st</sup>.
  - SOC 2255 – To be completed by the provider serving multiple Clients to document how many hours the Provider will work for each Recipient and how much travel, if any, the Provider will engage in.
  - SOC 2256 – To allow the Recipient and their Providers to agree on a workweek schedule.

**The Fair Labor Standards Act (FLSA) New Program Requirements video is now available on the CDSS website at the following link:**

<http://www.cdss.ca.gov/agedblinddisabled/PG3154.htm>

**Month:** \_\_\_\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat