

# CDC - ELDER SERVICES OF WORCESTER AREA

**STAVROS FISCAL INTERMEDIARY SERVICES P.O BOX 2130, Amherst, MA 01004-2130** Tel: (413) 256-6692, (800) 442-1185 - Fax: (413) 549-2073

Employer Number:

Payroll Period From Sunday   /   /   Through Saturday   /   /

Support Worker SSN Last 4 digits only :

Employer Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer check only if new address or telephone

Support Worker check only if new address or telephone

Week #1	Time In				Time Out				Tot. Day/Eve Hours						
	Hour	MIN.			Hour	MIN.			Hours	MIN.					
Sun.			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
Mon.			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
Tue.			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
Wed.			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
Thu.			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
Fri.			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
Sat.			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
<b>Total Week 1</b>														.	

Week #2	Time In				Time Out				Tot. Day/Eve Hours						
	Hour	MIN.			Hour	MIN.			Hours	MIN.					
Sun.			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
Mon.			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
Tue.			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
Wed.			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
Thu.			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
Fri.			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
Sat.			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
			.		AM	○					.		AM	○	
			.		PM	○					.		PM	○	
<b>Total Week 2</b>														.	

By signing below, I certify under pain and penalty of perjury that I have received services from the Support Worker during the times described on this activity form.

By signing below, I certify under pain and penalty of perjury that I have provided services to the consumer during the times described on this activity form.

\_\_\_\_\_  
Employer/Designee's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Support Worker's Signature

\_\_\_\_\_  
Date