

Payroll Period

From Sunday

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Through Saturday

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STAVROS FISCAL INTERMEDIARY SERVICES

P.O BOX 2130, Amherst, MA 01004-2130

Tel: (413) 256-6692, (800) 442-1185

Fax: (888) 773-4281, (413) 256-3849

29595



Employer Information

Number:

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Name

PCA Information

SSN:

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Last 4 Digits Only

Name

USE FOR PCA PAID TIME OFF ONLY*USO PARA PCA TIEMPO LIBRE PAGADO SOLAMENTE

Please record the hours your PCA was scheduled to work but has requested paid time * Favor de escribir las horas que su PCA estaba designado para trabajar, pero ha solicitado tiempo libre pagado.

Week #1	Scheduled Time In				Scheduled Time Out				Tot. Day/Eve Hours 6 AM to Midnight				Tot. Night Hours	Week #2	Scheduled Time In				Scheduled Time Out				Tot. Day/Eve Hours 6 AM to Midnight				Tot. Night Hours										
	Hour		MIN.		Hour		MIN.		Hours		MIN.				Hours		MIN.		Hour		MIN.		Hour		MIN.			Hours		MIN.		Hours		MIN.			
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Total Week 1												Total Week 2																									

By signing below, I certify under pains of perjury that I was scheduled to receive MassHealth PCA services from the PCA during the Paid Time Off time taken, as indicated on this activity form and I am not enrolled in Adult Foster Care or Group Adult Foster Care.

By signing below, I certify under pains of perjury that I was scheduled to provide MassHealth PCA services to the consumer during the Paid Time Off times taken, as indicated on this activity form. I understand I must have accrued Paid Time Off in order to receive Paid Time Off.

Employer/Surrogate's signature

Date

PCA's Signature

Date