

Payroll Period From: / / To: / /

Consumer Number: Telephone #:

Consumer Name (Print):

PCA Name (Print):

PCA Telephone #:

PCA Last 4 Digits of SSN

31021



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

Please record the hours your PCA was scheduled to work but instead is requesting Paid Time Off.

Por favor escribe las horas que su PCA estaba designado a trabajar, pero en lugar esta solicitando Tiempo Libre Pagado.

WEEK #1	Scheduled Time In		Scheduled Time Out		Tot.Day/Eve Hours 6AM to Midnight		Tot. Night Hrs Midnight-6AM
	HRS	MIN.	HRS	MIN.	HRS	MIN.	
Sun.							<input type="text"/>
Mon.							<input type="text"/>
Tue.							<input type="text"/>
Wed.							<input type="text"/>
Thu.							<input type="text"/>
Fri.							<input type="text"/>
Sat.							<input type="text"/>
Total Week 1	Please note that Tempus pays the PCA based on daily, not weekly, totals.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

WEEK #2	Scheduled Time In		Scheduled Time Out		Tot.Day/Eve Hours 6AM to Midnight		Tot. Night Hrs Midnight-6AM
	HRS	MIN.	HRS	MIN.	HRS	MIN.	
Sun.							<input type="text"/>
Mon.							<input type="text"/>
Tue.							<input type="text"/>
Wed.							<input type="text"/>
Thu.							<input type="text"/>
Fri.							<input type="text"/>
Sat.							<input type="text"/>
Total Week 2	Please note that Tempus pays the PCA based on daily, not weekly, totals.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Consumer/Surrogate
Signature

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

PCA
Signature