TEMPUS UNLIMITED, INC., 600 Technology Center Drive, Stoughton, MA 020	
Toll-free Phone #: 1-877-479-7577 Toll-free Fax #: 1-800-359-2884	https://tempusunlimited.org/etimesheet/
Payroll Period From: / / / To: / / /	PCA Name (Print):
Consumer #: Telephone #:	PCA Telephone #:
Consumer Name (Print):	PCA Last 4 Digits of SSN

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

WEEK

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

Total Scheduled Scheduled Time In Scheduled Time Out WEEK Hours #1 HRS MIN HRS MIN HRS MIN O AM O PM O AM O PM Sun. O AM O PM O AM O PM O AM O AM O PM O PM Mon O AM O AM O PM O PM O AM ΟAM . O PM O PM Tue ΟAM O AM O PM O PM O AM O AM . . O PM O PM Wed O AM ΟAM O PM O PM O AM O AM . . O PM O PM Thu O AM O AM O PM O PM O AM O AM O PM O PM Fri. O AM O AM O PM O PM O AM O AM . O PM O PM Sat O AM O AM O PM O PM Please note that Tempus pays the PCA based on daily, not weekly, totals. **Total Week 1** 

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

#2	_							Hours			
	HRS	MIN		H	RS	м	IN	HRS		MIN	
			O AM O PM			:	O AM O PM		:		
Sun.		1:	O AM O PM			:	O AM O PM		1:		
Mon.		:	O AM O PM			:	O AM O PM		:		
		1:	O AM O PM			:	O AM O PM		:		
Tue.		:	O AM O PM			:	O AM O PM		:		
		•	O AM O PM			:	O AM O PM		-		
Wed.		:	O AM O PM			:	O AM O PM				
		•	O AM O PM			•	O AM O PM		-		
Thu.		:	O AM O PM			:	O AM O PM		:		
		:	O AM O PM			:	O AM O PM		:		
Fri.			O AM O PM			:	O AM O PM		_:		
		:	O AM O PM			:	O AM O PM		:		
Sat.		:	O AM O PM			:	O AM O PM		:		
		:	O AM O PM			:	O AM O PM		:		

Por favor escribe las horas que su PCA estaba designado a trabajar, pero en lugar

Scheduled Time Out

Total Scheduled

esta solicitando Tiempo Libre Pagado.

Scheduled Time In

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