

NY CDPAP - Consumer Directed Services Timesheet

Paper timesheets will be temporarily accepted without an exception approval until 4/26/2025.

PRC-NY-								Service Type		
Consumer's Name								ne Consumer	☐Two Consumers	
PRV-NY-								ot Live-In	☐ Live-In	
							☐ PTO* ☐ Service Type			
Personal Assistant	's Name							ervice type		
FAX: PPL@ 844-244-4384 EMAIL: NYCDPAP_TS@pplfirst.com						*PTO must be submitted on a separate timesheet				
Mail: Public Par	rtnerships LLC,	, PO Bo	x 310	, Binghamton	, NY, 1390	2				
Begin Sunday:					End Satu	rday:				
		414/214				414/514				
	<u>Time In</u>	AM/PM		<u>Time Out</u>	AM/PM		<u>Total</u> <u>Hours</u>	<u>Location</u>		
0 1		AM	PM		AM	PM		Home	☐ Other	
Sunday		AM	PM		AM	PM		□ Home	☐ Other	
Manday		AM	PM		AM	PM		Home	☐ Other	
Monday —		AM	PM		AM	PM		Home	☐ Other	
Tuesday		AM	PM		AM	PM		Home	☐ Other	
Tuesday —		AM	PM		AM	PM		Home	☐ Other	
Wednesday		AM	PM		AM	PM		Home	☐ Other	
Wednesday —		AM	PM		AM	PM		Home	☐ Other	
Thursday —		AM	PM		AM	PM		Home	☐ Other	
mursuay		AM	PM		AM	PM		Home	☐ Other	
Friday -		AM	PM		AM	PM		Home	☐ Other	
		AM	PM		AM	PM		Home	☐ Other	
Saturday -		AM	PM		AM	PM		Home	☐ Other	
Gaturday		AM	PM		AM	PM		Home	☐ Other	
By signing below, I certify that I have provided the services to the consumer during the times described on this timesheet.					I certify that the consumer has received hours of service as reported above.					
Personal Assistant Signature					Consumer or Designated Representative Signature					
					3.9.					
Date					Date					
	· —-									

- 1. If you work overnight, enter your Time Out on the first day as 11:59 PM. On the next line, enter your Time In on the second day as 12:00 AM.
- 2. Use black ink. Fill in boxes completely. Print one character per box, and try not to touch the lines.
- 3. If there is an issue with your paper timesheet, please provide the best contact number for PPL to notify you of errors