

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

19438



Employer Information

Number:

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Name

PCA Information

SSN:

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Last 4 Digits Only

Name

USE FOR PCA SICK LEAVE ONLY*USO PARA PCA TIEMPO DE ENFERMEDAD SOLAMENTE**

Please record the hours your PCA was scheduled to work but has requested sick leave. Favor de escribir las horas que el PCA estaba designado a trabajar, pero en lugar está solicitando tiempo de enfermedad.

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		Hour		MIN.		Hour		MIN.		Hours		MIN.		Hours
Sun.			AM	○			AM	○						Sun.			AM	○			AM	○					
			PM	○			PM	○									PM	○			PM	○					
			AM	○			AM	○									AM	○			AM	○					
			PM	○			PM	○									PM	○			PM	○					
Mon.			AM	○			AM	○						Mon.			AM	○			AM	○					
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Thu.			AM	○			AM	○						Thu.			AM	○			AM	○					
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Sat.			AM	○			AM	○						Sat.			AM	○			AM	○					
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			PM	○			PM	○									PM	○			PM	○					
Total Week 1												Total Week 2															

By signing below, I certify under pains and penalty of perjury that I was scheduled to receive MassHealth PCA services from the PCA during the sick leave time(s) 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 pain and penalty of perjury that I was scheduled to provide MassHealth PCA services to the consumer during the sick leave time(s) taken, as indicated on this activity form. I understand I must have accrued sick leave time in order to receive paid sick leave. I understand I may be required to provide certification when an earned sick time period covers more than 24 consecutively scheduled hours.

Employer/Surrogate's signature

Date

PCA's Signature

Date