

**ASSURED IN HOME CARE OF ORANGE COUNTY, INC.**  
**1525 Mesa Verde Drive East, #228, Costa Mesa, CA 92626**  
**\*TEL: 1-800-925-7159x2 \* FAX 1-714-434-4708 \* E-Mail: [ocaccounting@assuredinhomecare.org](mailto:ocaccounting@assuredinhomecare.org)**

HCA Name: \_\_\_\_\_  
 Month: \_\_\_\_\_

Client Full Name: \_\_\_\_\_  
 Pay Period: \_\_\_\_\_

**\*\*\*\*All staff is required to take a paid ten minute break every 4 hours\*\*\*\***

Date	IN	Meal 1	Break 1	Meal 2	Break 2	Meal 3	Break 3	Sleep/Leave IN	Sleep/Leave OUT	OUT	Total Hrs

<b>For Hourly:</b>	
Total Hours:	_____
Rate of Regular Pay:	_____
Rate of OT Pay:	_____

1. Forms available at [www.assuredinhomecare.org](http://www.assuredinhomecare.org): See Staff Forms: (Password: formSPass468)
2. Each Time Sheet and Personal Attendant Report (One Per Client) **MUST** be received in our office every other Monday as shown on Master P.
3. Submit Timesheets and Personal Attendant Visit Reports via Email, Fax, Postal Service or in person
4. Paychecks are issued every other Friday as shown on Master Payroll Calendar
5. E-Mail any questions to the Payroll Manager at: [ocaccounting@assuredinhomecare.org](mailto:ocaccounting@assuredinhomecare.org)