Monthly Time Sheet for Payment

#1. County:
#2. Month/Year:
#3. Employee Name:
#4. Employer:
#5. Customer:

#6.

Date:	Time In:	Time Out:	Hours:	Ratio:	Code:

Submit Time Sheets *by the third of the month to:*

RESOURCE CONNECTIONS OF OREGON
FISCAL INTERMEDIARY SERVICES

3876 Beverly Ave NE, Bldg G-1
Salem, OR 97305

Office: 503-485-2510 or (toll free) 1-866-890-2048

Marion Co. Office Fax: 503-485-2515
or (toll free) 1-866-890-2049

Linn Co. Office Fax: 541-704-2725

Yamhill Co. Office Fax: 503-883-0433

Service Codes (from job description):			
725	726	726S	730
731	735	740	

For Office Use Only			
Service Code	**Customer Ratio**	**Hours Approved**	**Pay Rate**
731A			
☐ Payroll?		Exempt? ☐	
		Authorizing Initials:	

HELP STOP FRAUD: Check carefully for accuracy of dates, services and amount billed to RCO Fiscal Intermediary Services.

#7. Employee Signature:	**Date:**
#8. Employer Signature:	**Date:**