

MRCICDS

www.MRCICDS.org

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Email Address Release for Electronic Timesheets

I understand the Client Representative that I am employed with has voluntarily chosen to enroll in E-Timesheets which requires me to record my time in E-Timesheets. I understand that I must have a valid, secure email to use this service. Further, I understand that if my email is compromised or changed, I will contact MRCI WorkSource immediately.

By signing, I verify that I will only claim hours I work, as it is a federal crime to provide false information for Medical Assistance payment. I will record my time daily and I will submit for the Representative's approval. Timesheets must be approved by all parties and submitted to MRCI by midnight on the deadline day according to the payroll calendar.

Worker Name: _____

Worker's last four of SSN: _____

Worker's E-Mail Address: _____

Client Name: _____

Client Representative's Name: _____

**Client must be enrolled with E-Timesheets in order for employees to be able to access system. Inquire with Client Representative prior to submitting form.*

Signature of Worker

Date

Office Use Only:

_____ Entered

_____ Date