

ACW MISSED PUNCH FORM (One Form Per Shift)

Today's Date: _____ Employee First and Last Name _____

Consumer's Name _____ Consumer's ID _____

Date Worked: _____ Last 4 of Employee's SSN _____

Please Select One and enter time missed :

- ☐ I have missed a time punch entry. Please select which time punch option(s) you have missed
Time in _____ Time Out _____
- ☐ I am correcting an incorrect time punch entry
Incorrect time _____ Correct time _____
- ☐ I am reporting tasks only
Date worked _____ **(Enter Tasks below)**
- ☐ Other Correction/Comments _____

Program ID (Required- Please Select One)

- | | | |
|--|---|---|
| <input type="radio"/> PCA | <input type="radio"/> PCSP | <input type="radio"/> ICO |
| <input type="radio"/> HCSP-PCSP | <input type="radio"/> HCSP-Homemaker | <input type="radio"/> HCSP-PCSP Private Pay |
| <input type="radio"/> VA-Bowel & Bladder | <input type="radio"/> HCSP- Homemaker Private Pay | <input type="radio"/> Travel |
| <input type="radio"/> Training | | |

Tasks (Check the tasks – this required)

- | | | |
|---|--|---|
| <input type="radio"/> 1 – Bath/Shower | <input type="radio"/> 10 – Range of Motion/Exercise | <input type="radio"/> 18 – Companionship |
| <input type="radio"/> 2 – Dressing/Undressing | <input type="radio"/> 11 – Grocery Shopping | <input type="radio"/> 19 – Service Animal Care |
| <input type="radio"/> 3 - Grooming | <input type="radio"/> 12 – Errands | <input type="radio"/> 35- Non-Medical Transportation (RoundTrip) |
| <input type="radio"/> 4 – Toileting | <input type="radio"/> 13 – Accompaniment per Care Plan | <input type="radio"/> 37- Non-Medical Transportation (One-Way Trip) |
| <input type="radio"/> 5 – Transfer/Mobility | <input type="radio"/> 14 – Medication Assist | |
| <input type="radio"/> 6 – Meal Prep/Set up | <input type="radio"/> 15 – Medication Reminder | |
| <input type="radio"/> 7 – Feeding | <input type="radio"/> 16 – Change in Status | |
| <input type="radio"/> 8 – Housekeeping | <input type="radio"/> 17 - Bowel and Bladder | |
| <input type="radio"/> 9 – Laundry | | |

ACW MISSED PUNCH FORM (One Form Per Shift)

I Certify that the information supplied above is, to the best of my ability, accurate and true.

ACW Signature: _____

Date: _____

For Payroll only

Confirmed Hours with Consumer

☐ Yes

☐ No

Verified Caller Identity

☐ Yes

☐ No

☒ N/A

Entered/Approved By: _____

Comments: _____

How to send in your missed punch form.

In the event of a missed clock in or out time (a punch) or timesheet issue, the GSIL Payroll Department can be contacted one of the following ways:

1. Complete the electronic Missed Punch form which can be accessed online at www.gsil.org as soon as possible. On GSIL'S homepage, click on the **Become a Care Attendant** link, then click on the **Attendant Hub** link. Click the **ACW Missed Punch Form** to access form.

The direct link to the Missed Punch form: <https://bit.ly/2xsKuXi>

Fill out the form, sign it and then click the 'Send to GSIL' button. Your consumer will be contacted to verify the hours worked and tasks performed prior to payment of wages.

2. Call payroll directly 603-717-0893 Monday thru Friday, 8am – 5PM, after business hours, please leave a voicemail.
3. A toll-free call can be placed at 1-855-552-TIME(1-855-552-8463). Once connected, you will hear the following:
 - a. 'Welcome to the GSIL clocking service'
 - b. 'To report a timesheet issue, press 4' to be connected to Payroll Department
4. Fax # 603-228-1673
5. E-mail payroll@gsil.org
6. Mailing address Granite State Independent Living
21 Chenell Drive
Concord, NH 03301