



**ACCRUED PAID SICK LEAVE FORM**  
 THE INDEPENDENCE CENTER – ARIZONA  
 VETERAN DIRECTED CARE

**Form ONLY to be used for  
 Accrued Paid Sick Time**

Direct Care Worker Name: \_\_\_\_\_

Veteran Name: \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_ AR Phone #: \_\_\_\_\_

Pay Period Begins: (MM/DD/YYYY) \_\_\_\_\_

Pay Period Ends: (MM/DD/YYYY) \_\_\_\_\_

Service Date (MM/DD)	PTO Start Time	PTO End Time	# of Hours Requested
/	: AM : PM	: AM : PM	
/	: AM : PM	: AM : PM	
/	: AM : PM	: AM : PM	
/	: AM : PM	: AM : PM	
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/	: AM : PM	: AM : PM	
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/	: AM : PM	: AM : PM	
/	: AM : PM	: AM : PM	
/	: AM : PM	: AM : PM	
/	: AM : PM	: AM : PM	
<b>Total Hours</b>			

The Veteran/Authorized Representative and Direct Care Worker certify that the information provided on this form is a true and accurate statement of the services being requested. The Veteran/Authorized Representative and Direct Care Worker understand that payment for services provided are subject to payroll taxes.

Direct Care Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Veteran/Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TIMESHEET SUBMISSION**      **Mail**      **Email**      **Fax**  
 10425 W North Ave      10425 W North Ave      [Timesheets@Resilient-SD.com](mailto:Timesheets@Resilient-SD.com)      855.325.4668  
 Suite 345  
 Milwaukee, WI 53226

### Timesheet Checklist

Is my legal name on the TS?

Is my Veteran's legal name on the TS?

Did I fill in the correct pay period with the correct start and end dates?

*Example (See schedule for dates):*

Pay Period Begins: (MM/DD/YYYY) Pay Period Ends: /DD/YYYY)

07 / 05 / 2024      07 / 18 / 2024

Did I fill in the dates for the correct day of the week?

*Example: July 9th is a Sunday - you would fill the first Sunday as 07/09*

Did I review that all my hours are accurate?

Did I sign and date my TS?

*Example: If the last day you worked was July 23rd - you would sign and date the TS as 7/23/yr.*

Did my employer sign and date my TS?

Did I make sure hours submitted are worked on or before the TS due date and signed date?

Did I use standard time (not military time)?

Did I make sure the dates on the TS are for one pay period **ONLY** and do not cross with any other pay periods?

Did I make sure I did **NOT** use white-out to make corrections?

### MARKING INSTRUCTIONS FOR TIMESHEET

- Write in **BLACK** or **BLUE** ink only.
- Write as large and legible as possible without touching the sides of the boxes.

**Do not write outside of the boxes.**

**Timesheets received that are missing any of the above information will be rejected and returned for correction. This may result in a delay of payment.**

Once all check boxes are checked, please submit your timesheet to ResilientSD.

**Arizona paid sick leave laws require employers to provide up to 40 or 24 hours of paid sick leave per year, depending on employer size. Under the Fair Wages and Healthy Family Act (Ariz. Rev. Stat. § 23-371), this comprehensive law ensures workers have access to protected time off for health and safety needs.**

**How much leave do employers need to provide?** Employees accrue one hour of paid sick leave for every 30 hours worked, beginning on their first day. Maximum accrual varies by employer size:

- Less than 15 employees: up to 24 hours per year
- 15 or more employees: up to 40 hours per year

**What can Arizona paid sick leave be used for?** Employees can use this leave for medical care or mental/physical illness, injury, or health condition of the employee or family member, as well as absences related to domestic violence, sexual violence, abuse, or stalking involving the employee or family member. This policy also applies to public health emergencies affecting the employee or family member.

**Do employers have to carry over unused leave?** Employees can carry over unused leave, subject to the annual use caps (24 or 40 hours, depending on employer size).

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For more information on Fair Wages and Healthy Family Act (Ariz. Rev. Stat. § 23-371) visit the website: <http://arizonapaid sickleave.com/>

For any questions or concerns, please contact our office at: **855.275.3948.**