



**ACCRUED PAID SICK LEAVE FORM**  
 THE INDEPENDENCE CENTER – NEW MEXICO  
 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	: AM	
/	: PM	: PM	
/	: AM	: AM	
/	: PM	: PM	
/	: AM	: AM	
/	: PM	: PM	
/	: AM	: AM	
/	: PM	: PM	
/	: AM	: AM	
/	: PM	: PM	
/	: AM	: AM	
/	: PM	: PM	
/	: AM	: AM	
/	: PM	: PM	
/	: AM	: AM	
/	: PM	: PM	
/	: AM	: AM	
/	: PM	: PM	
/	: AM	: AM	
/	: PM	: 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**  
 10425 W North Ave  
 Suite 345  
 Milwaukee, WI 53226

**Email**  
[Timesheets@Resilient-SD.com](mailto:Timesheets@Resilient-SD.com)

**Fax**  
 855.325.4668

### 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.

### About New Mexico Paid Sick Leave (Healthy Workplaces Act)

The Healthy Workplaces Act of 2021 is a law requiring all private employers in New Mexico to allow employees to accrue and use a benefit called earned sick leave. The law took effect on July 1, 2022. The Act lets employees earn and use paid sick leave. Employees may use this leave for various reasons listed in the Act, like the employee's or their qualifying family member's illness or injury, or to deal with certain legal and family issues. Employers who do not honor an employee's rights to sick leave face potential civil liability. The Act authorizes the Labor Relations Division (LRD) of the New Mexico Department of Workforce Solutions (DWS) to investigate violations and enforce the Healthy Workplaces Act.

Employers with paid-time-off policies that are more generous than the minimum accrual and usage limits specified in Act are compliant with the Act if employees may use the leave for the same purposes and under the same terms and conditions specified in the Act.

The earned sick leave required by the Act is in addition to any paid time off provided by an employer pursuant to a collective bargaining agreement unless employees may use the paid time off for the same purposes and under the same terms and conditions specified in the Act.

[Healthy Workplaces Act Final Rules](#)

[Healthy Workplaces State Statute, NMSA Chapter 50, Article 17 - PDF](#)

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