

# 供应商电子服务门户 (ESP)

*PROVIDER ELECTRONIC SERVICE PORTAL (ESP)*

考勤表  
*TIMESHEET*

# ESP能做什么？

WHAT CAN YOU DO ON ESP?

- 入住 / 签退  
*Check-In/Out*
- 提交工时表  
*Submit Timesheet*
- 住校认证  
*Live-in Certification*
- 工资历史记录  
*Payroll History*
- 就业核实  
*Employment Verification*
- 查看税务文件  
*Review Tax Documents*
- 提交病假申请  
*Sick Leave Request*
- 直接存款  
*Direct Deposit*
- 更新您的联系信息  
*Update Your Contact Information*
- 资源链接  
*Link to Resources*
- 阅读有关电子邮件服务提供商的通知  
*Read Notifications About the ESP*

# 本课程内容：

IN THIS COURSE:

- 完成本课程后，你将掌握以下技能：

*By the end of this course, you will know how to:*

- 入住/ 签退

*Check In and Out*

- 时间表要点

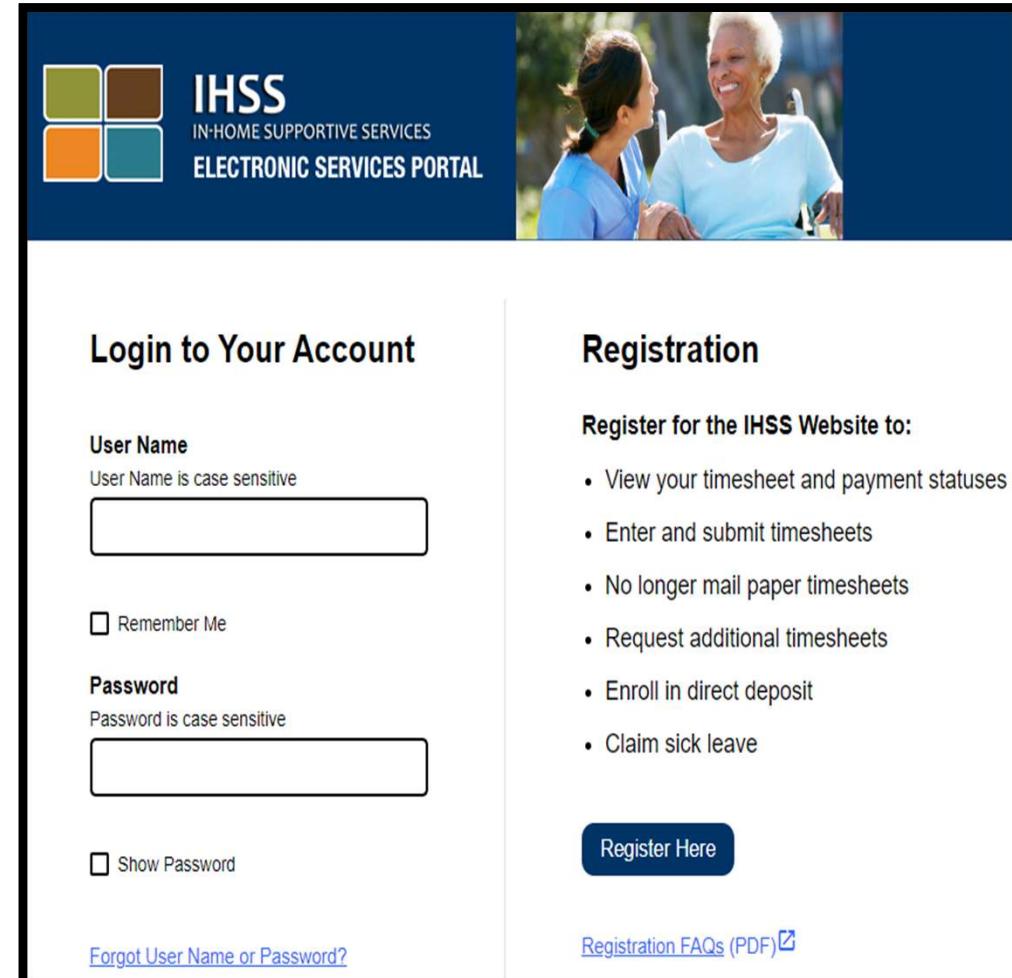
*Timesheet Essentials*

- 工时表录入和提交

*Timesheet Entry and Submission*

- 提交病假申请

*Submit a Sick Leave Request*



**IHSS**  
IN-HOME SUPPORTIVE SERVICES  
ELECTRONIC SERVICES PORTAL

**Login to Your Account**

User Name  
User Name is case sensitive

Remember Me

Password  
Password is case sensitive

Show Password

[Forgot User Name or Password?](#)

**Registration**

Register for the IHSS Website to:

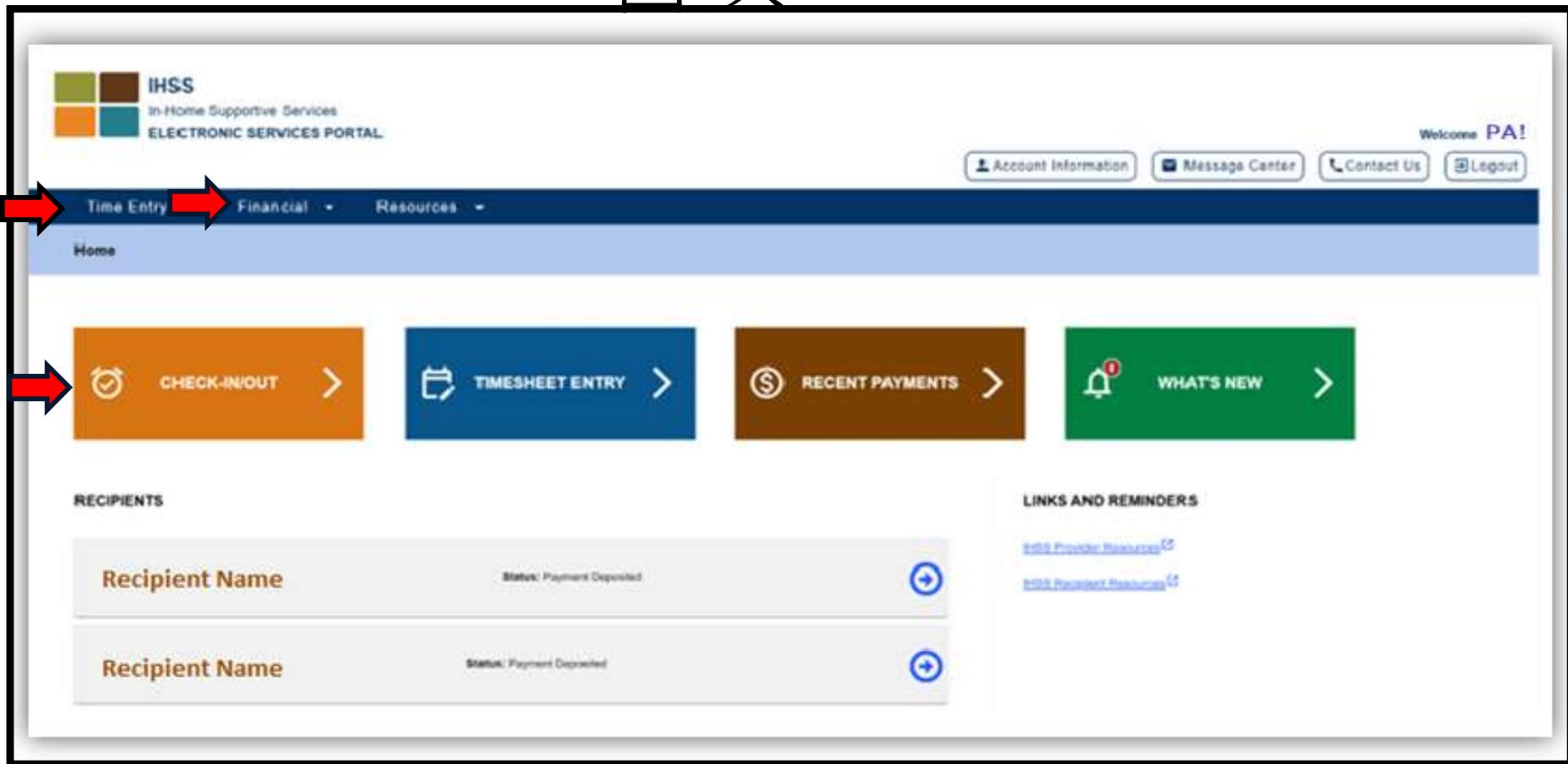
- View your timesheet and payment statuses
- Enter and submit timesheets
- No longer mail paper timesheets
- Request additional timesheets
- Enroll in direct deposit
- Claim sick leave

[Register Here](#)

[Registration FAQs \(PDF\)](#)

# 首页

Homepage



- 登录账户后，您将看到主页 *After you log in to your account, you will see the homepage*
- 在本课程中，我们将详细讲解考勤表、其他付款申请以及班次签到签退的相关操作 *In this course, we will take a detailed look at timesheets and other payment requests, and checking in/out for shifts*

# 入住/退房(EVV)

## CHECK-IN/OUT (EVV)

- 电子查岗系统 (*EVV*) 是一项联邦要求。有关 *EVV* 的更多信息，请访问:

*Electronic Visit Verification (EVV) is a federal requirement. For more information about the EVV, visit:*

[cdss.ca.gov/inforesources/cdss-programs/ihss/evvhelp](http://cdss.ca.gov/inforesources/cdss-programs/ihss/evvhelp)

- 如果您与受照顾者同住并完成了同住认证，则可跳至“提交考勤表”(*Timesheet Essentials*)第12页

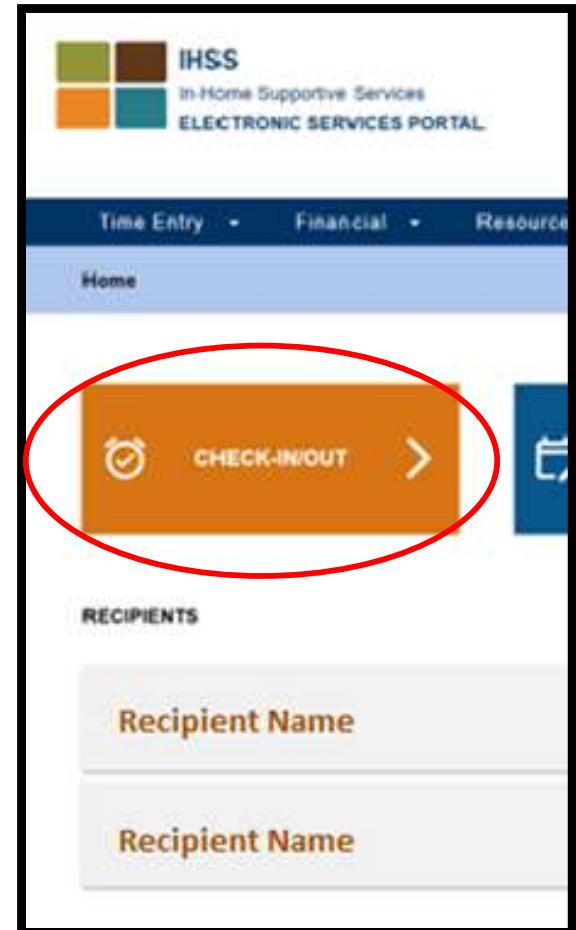
*If you live with your recipient and completed the live-in certification, you can skip to “Timesheet Essentials” on page 12*

- 如果您与受照顾者同住但未提交同住证明，您可以在模块3财务设置和审核中找到相关说明

*If you live with your recipient but have not submitted the live-in certification, you can find instructions on ESP Module 3: Financial Setup and Review*

- 如果您不与受照顾者同住，则需要在工作期间办理签到/签退手续。点击“签到/签退”

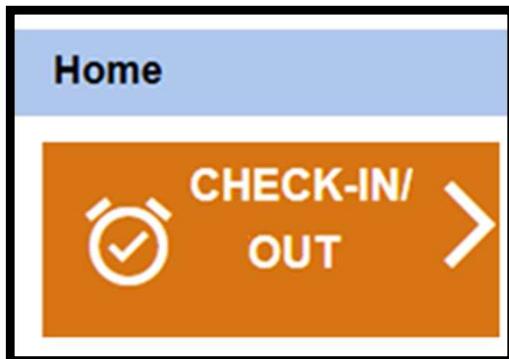
**If you do not live with your recipient, you need to check in/out on days you work by clicking the "CHECK-IN/OUT" button**



# 入住/退房(EVV)

CHECK-IN/OUT (EVV)

## ESP (网站)



## EVV (应用)



- 您可以通过电子访客管理系统 (ESP) 或电子访问验证(EVV) 应用程序进行签到和签退

*You can check in and out on the ESP or with the Electronic Visit Verification (EVV) app*

- 在ESP上，点击 “入住/退房” 按钮 *On the ESP, click on the "Check-in/out" button*
- 对于EVV应用程序，您可以在移动设备上下载 “IHSS EVV Mobile App” *For the EVV app, you can download the "IHSS EVV Mobile App" on your mobile device*

- 每天只需签到/签退一次

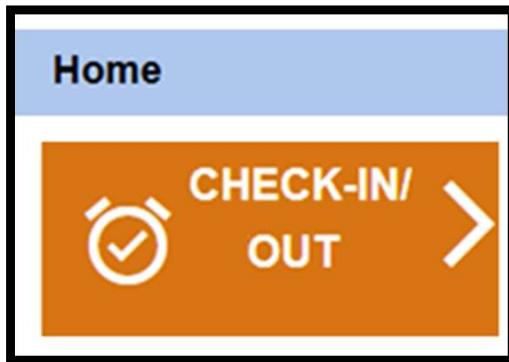
*You will only need to check in and out once daily per recipient*

- 当您开始当天第一项任务时，点击 “签到” (*Check-In*)  
*When you start the first task of the day, click on "Check-In"*
- 当您完成当天最后一项任务时，点击 “签退” (*Check-Out*)  
*When you finish the last task of the day, click on "Check-Out"*

# 入住/退房(EVV)

CHECK-IN/OUT (EVV)

ESP (网站)



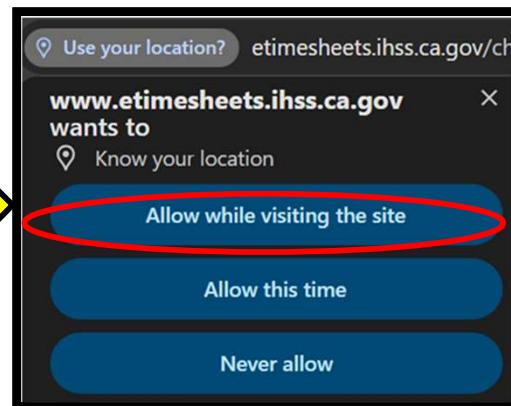
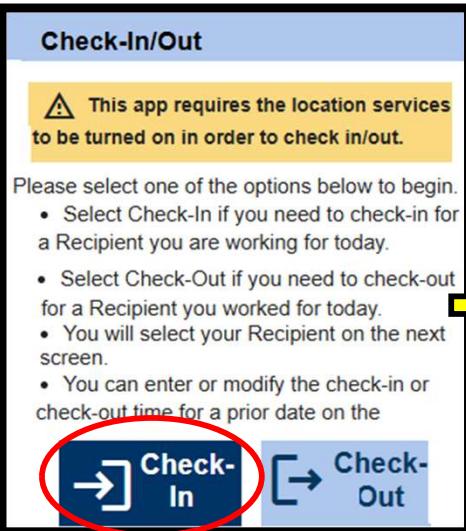
EVV (应用)



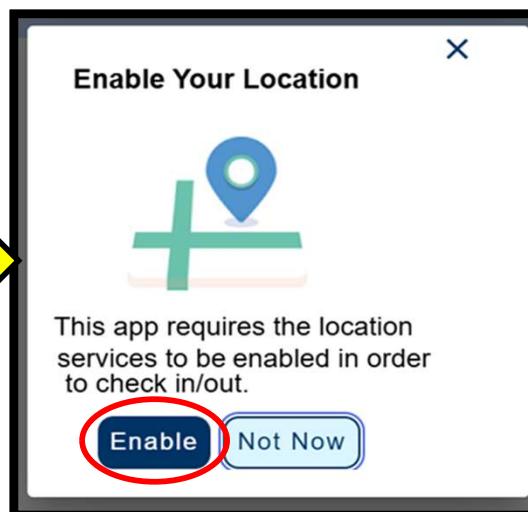
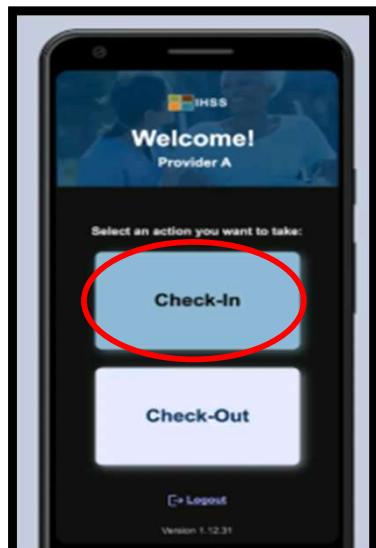
- 使用应用程序或 $ESP$ 上的签到/签退功能时，需要开启定位服务  
*The check-in/out function on the EVV app or the ESP will require location services to be turned on*
  - 只有当您签到和签退时，系统才会追踪您的地理位置  
*Your geo-location will be tracked only when you check in and out*

# 入住/退房(EVV)

CHECK-IN/OUT (EVV)



ESP (网站)



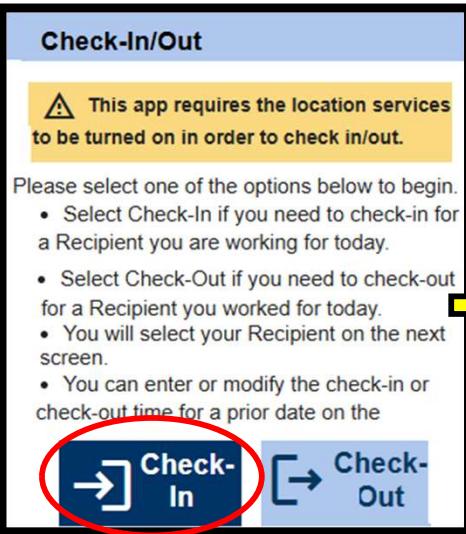
EVV (应用)

- 如果您之前未启用定位服务，则需要点击“启用”(Enable) 或 “访问网站时允许”(Allow while visiting the site) 提供访问权限，具体操作视您使用的设备而定

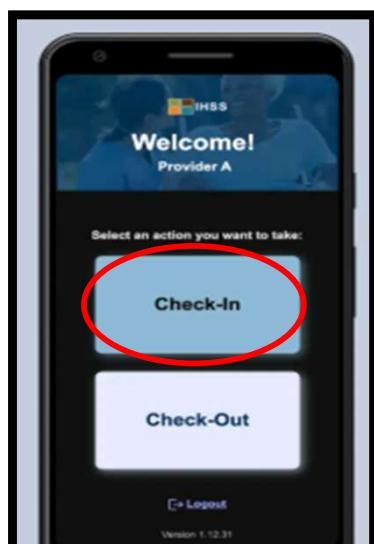
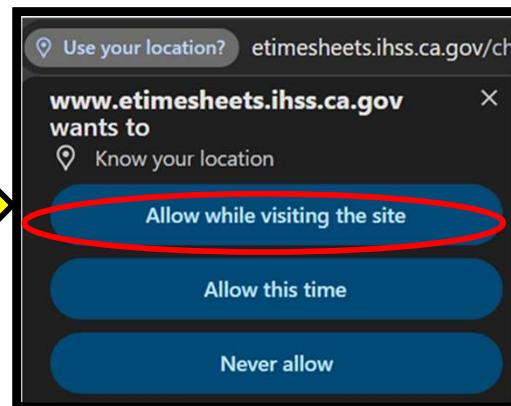
*If you have not enabled location services before, you will need to give access by clicking on “Enable” or “Allow while visiting the site,” depending on the device you are using*

# 入住 / 签退 (EVV)

CHECK-IN/OUT (EVV)



ESP (网站)



EVV (应用)

- 如果您选择不跟踪您的位置，并选择“从不允许”(Never allow)或“暂不”(Not Now)，您将被返回上一页

*If you choose not to have your location tracked and choose “Never allow” or “Not Now” you will be returned to the previous page*

- 如果您不启用定位服务，则无法签到/签退

*You will not be able to check in/out with the ESP or mobile app if you do not enable location services*

- 您可以使用收件人的固定电话通过电话考勤系统进行签到和签退

*You can use the recipient's landline telephone to check in and out through the Telephone Timesheet System*

ESP (网站)

**Check-In**

Select the Recipient you are working for today. If you provide services for both the IHSS and WPCS Programs, you can select the Program Type after selecting your recipient. Then select the Location where you are checking in. Finally, select Check-In to complete your Check-In for this recipient.

**Select Recipient**

Jane Doe	0234567
John Smith	0223344

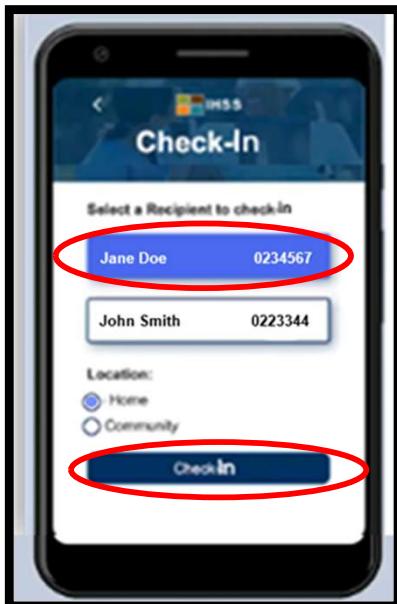
[Why don't I see my recipient?](#)

**Select Location**

Home  
 Community

**Check-In** **Back**

EVV(应用)



签到

## CHECK-IN

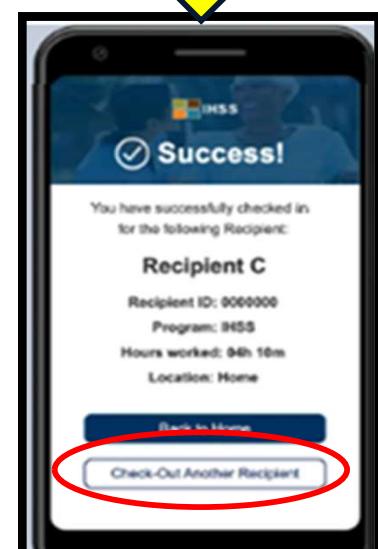
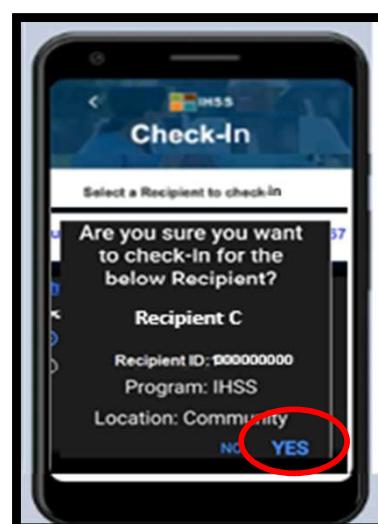
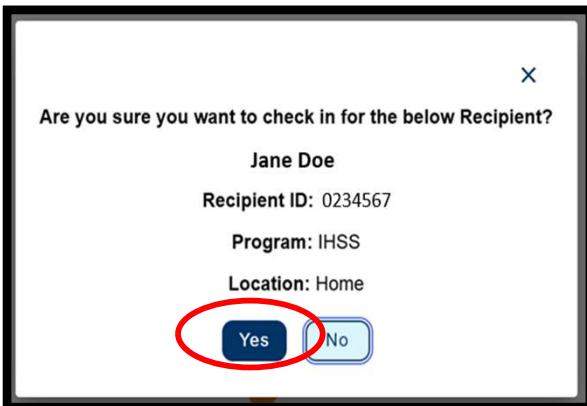
取决于您使用的是 $ESP$ 还是 $EVV$ 应用程序.....

*Depending on whether you are using the ESP or EVV App...*

- 找到“选择收件人”(Select Recipient)或“选择要签到的收件人”(Select a Recipient to check-in)，点击您要为其签到的收件人姓名  
*Locate “Select Recipient” or “Select a Recipient to check-in,” click on the recipient's name you wish to check in for*
  - 然后在“选择地点”(Select Location)或“地点”(Location)下方，您可以选择：  
*Then, under “Select Location” or “Location,” you can choose:*
    - 如果在受照顾者家里提供服务，则选择“住家”(Home)  
*“Home” if services are provided at the recipient's house*
    - 如果在社区其他地方提供服务，则选择“社区”(Community)  
*“Community” if services are provided elsewhere in the community*
  - 然后点击“签到”(Check-In) *Then click “Check-In”*

# 签到

CHECK-IN



- 确保所有信息正确无误  
*Review the information to ensure it is correct*
- 点击“是”(Yes)完成签到程序  
*Click “Yes” to finish the check-in process*
- 在下一个页面中，您将看到一条确认信息，说明已完成签到程序  
*On the next screen, you will see a confirmation message that check-in has been completed*

ESP (网站)

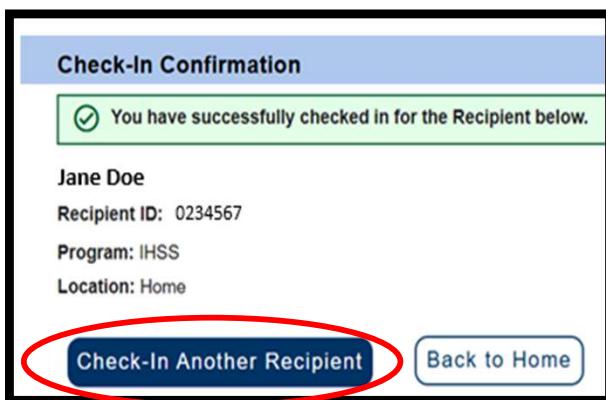
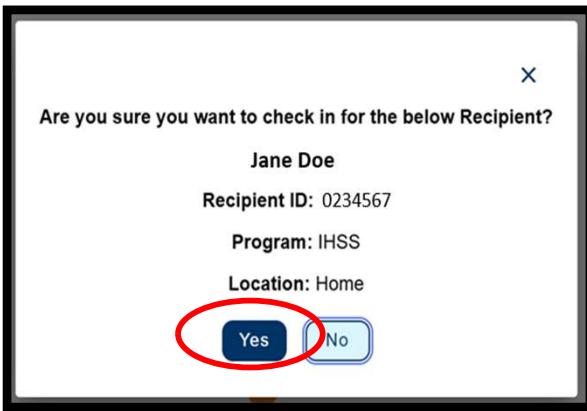
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EVV (应用)



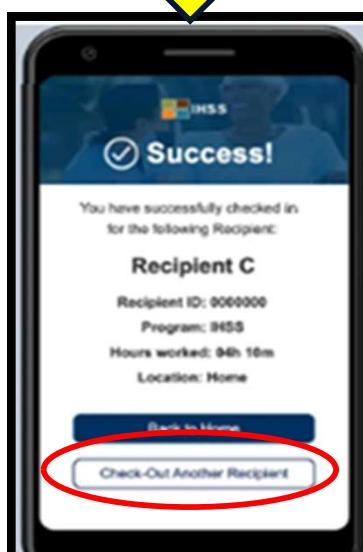
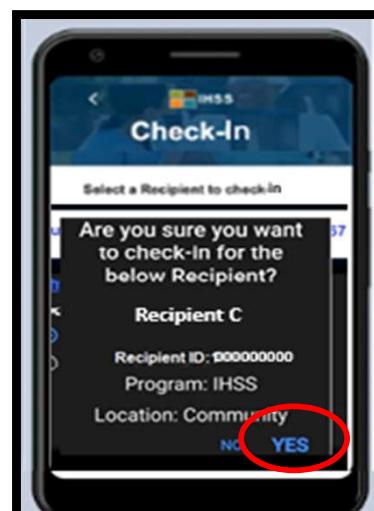
# 签到

CHECK-IN



ESP (网站)

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EVV (应用)

- 如果需要为另一个受照顾者签到，请点击“为另一个受照顾者签到”(Check-In Another Recipient)并重复上述步骤

If you need to check in for another recipient, click on “Check-In Another Recipient” and repeat the steps

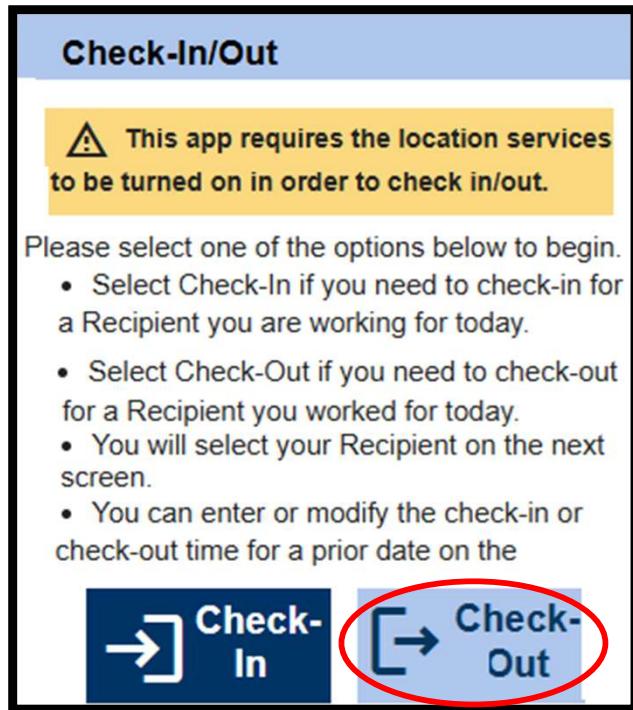
- 完成后，可以点击“返回主页”(Back to Home)或注销

If you are done, you can click “Back to Home” or log out

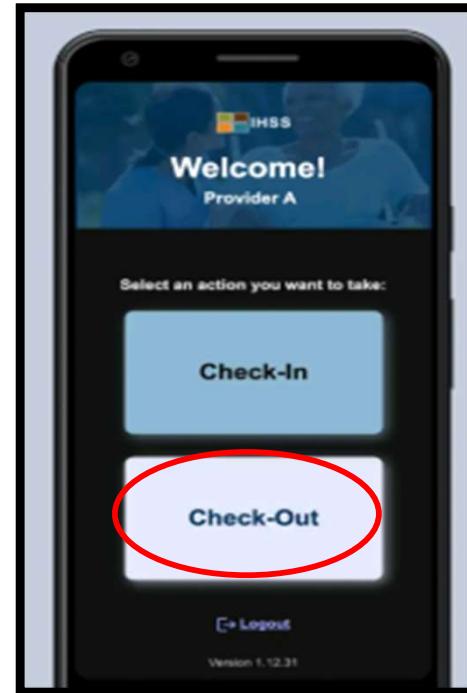
# 签退

CHECK-OUT

ESP (网站)



EVV (应用)



- 完成当天最后一项任务后，您可以在ESP或EVV应用程序上签退 *When you finish the last task of the day, you can check out on the ESP or EVV app*
- 点击“签退”(Check-Out)按钮 *Click on the “Check-Out” button*

# 签退

CHECK-OUT

← Check-Out

Select the Recipient you worked for today. If you provide services for both the IHSS and WPCS Programs, you can select the Program Type after selecting your recipient. Then select the Location where you are checking out. Entering your hours worked here is optional. You can enter or update your hours worked on the Timesheet Entry screen prior to submitting your timesheet. Finally, select Check-Out to complete your Check-Out for this Recipient.

Select Recipient

Jane Doe	0234567
John Smith	0223344

[Why don't I see my recipient?](#)

Select Location

- Home
- Community

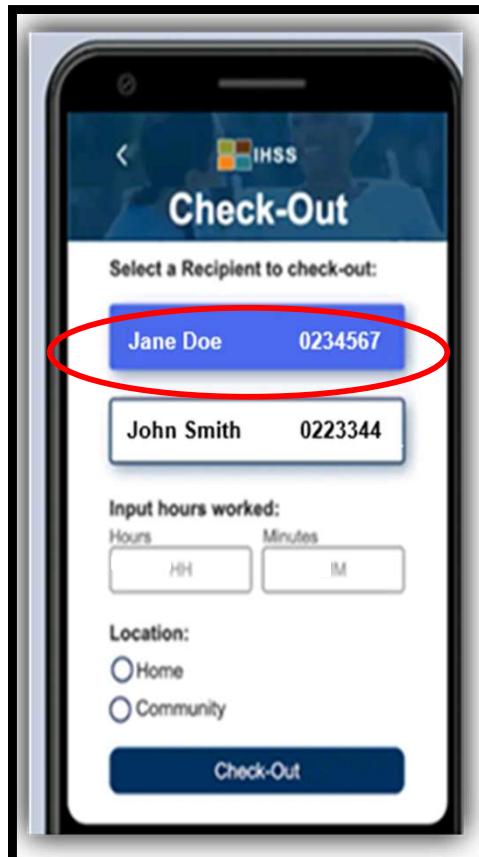
Hours Worked

Hours	Minutes
<input type="text"/>	<input type="text"/>

**Check-Out**

**Back**

ESP (网站)



EVV (应用)

取决于您使用的是 *ESP* 还是 *EVV* 应用程序……

*Depending on whether you are using the ESP or EVV...*

- 在“选择受照顾者”(*Select Recipient*)或“选择需签退的受照顾助者”(*Select a Recipient to Check-out*)栏目下，找到您要为其办理签退的受照顾助者

*Find the recipient you want to check out for under “Select Recipient” or “Select a Recipient to Check-out”*

# 签退

CHECK-OUT

← Check-Out

Select the Recipient you worked for today. If you provide services for both the IHSS and WPCS Programs, you can select the Program Type after selecting your recipient. Then select the Location where you are checking out. Entering your hours worked here is optional. You can enter or update your hours worked on the Timesheet Entry screen prior to submitting your timesheet. Finally, select Check-Out to complete your Check-Out for this Recipient.

Select Recipient

Jane Doe	0234567
John Smith	0223344

Why don't I see my recipient?

Select Location

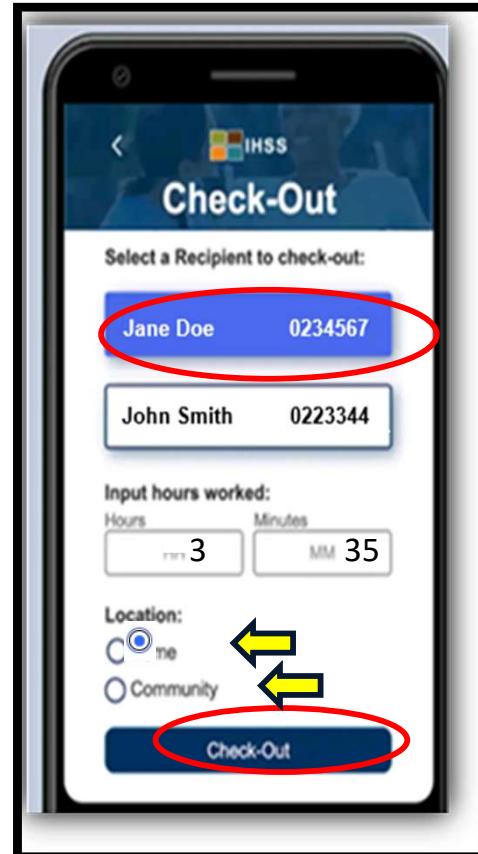
Home       Community

Hours Worked

Hours	Minutes
3	35

**Check-Out**

ESP (网站)



EVV (应用)

- 随后选择签退的“地点”(Location)或在“选择地点”(Select Location)栏 目中选择签退地点  

*Then choose the “Location” or “Select Location” of check-out:*

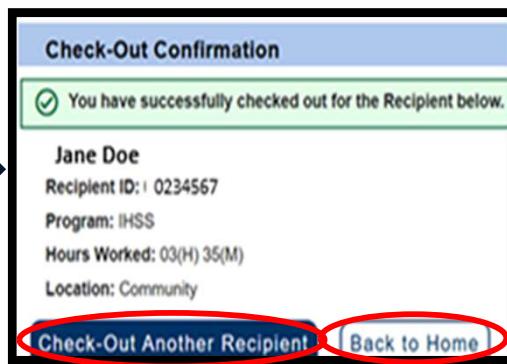
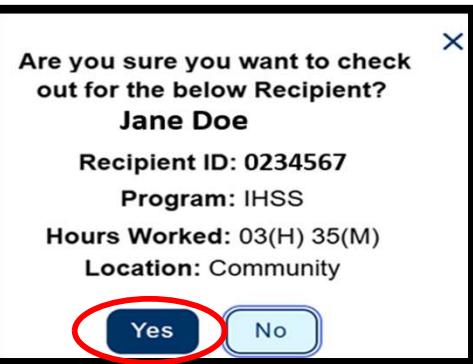
  - 如果在受照顾者家里提供最后一次服务，则选择“家庭”(Home)  
*“Home” if the last services are provided at the recipient's house*
  - 如果在社区其他地方提供最后一次服务，则选择“社区”(Community)  
*“Community” if the last services are provided elsewhere in the community*
- 在“工作时数”(Input hours worked)下，输入您全天工作的总时数和总分钟数  

*Under “Hours Worked” or “Input hours worked,” enter the total hours and minutes you worked for the whole day*
- 然后点击“签退”(Check-Out)  

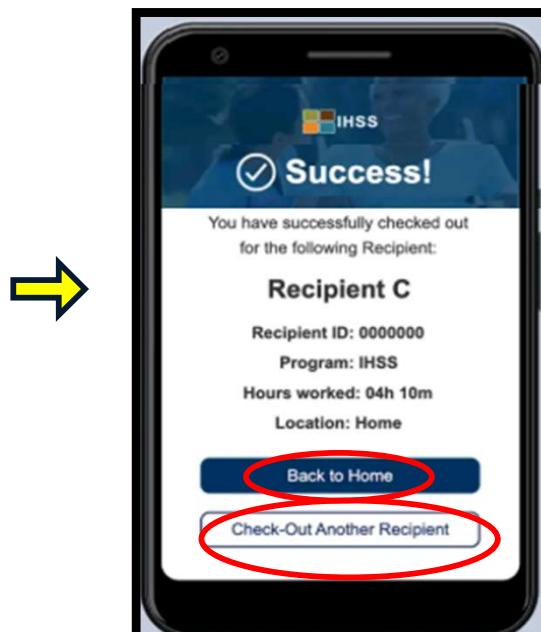
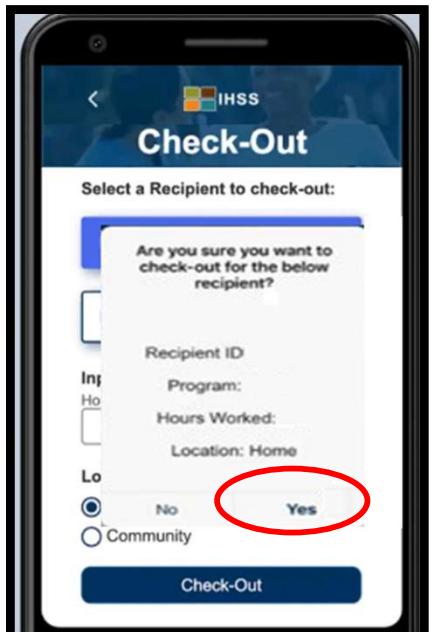
*Then click “Check-Out”*

# 签退

CHECK-OUT



ESP (网站)

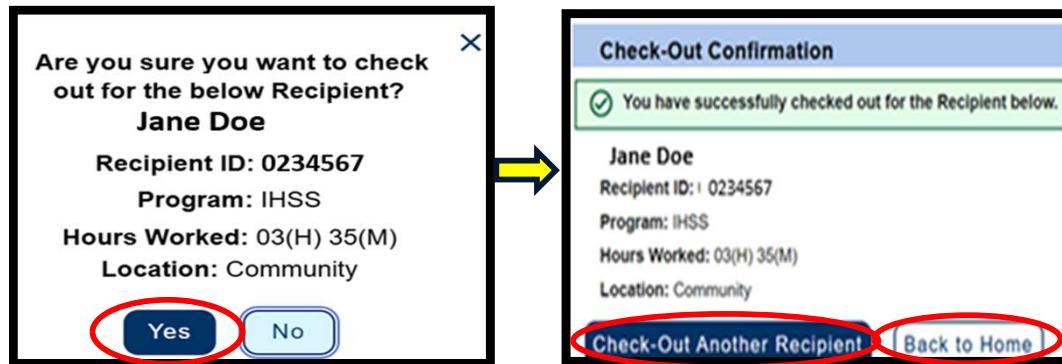


EVV (应用)

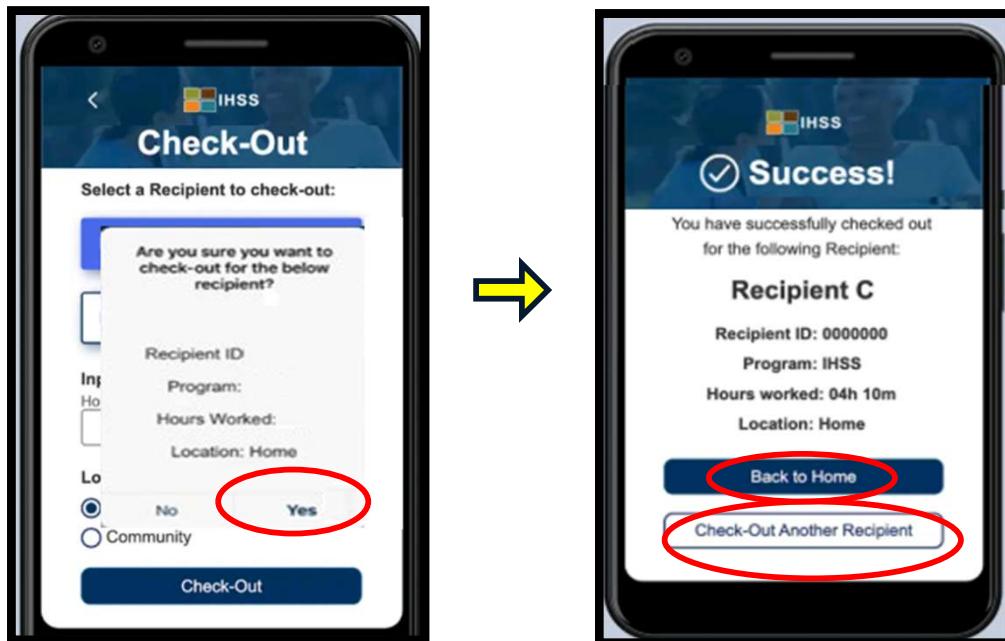
- 确保所有信息正确无误  
*Review the information to ensure it is correct*
- 点击“是”(Yes)完成签退程序  
*Click “Yes” to finish the check-out process*
- 在下一个页面中，您将看到一条确认信息，说明已完成签退程序  
*On the next screen, you will see a confirmation message that check-out has been completed*

# 签退

CHECK-OUT



ESP (网站)



EVV (应用)

- 如果需要为另一个受照顾者签退，请点击“为另一个受照顾者签退”  
(Check-Out Another Recipient)并重复上述步骤

*If you need to check out for another recipient, click on “Check-Out Another Recipient” and repeat the steps*

- 完成后，可以点击“返回主页”(Back to Home)或注销

*If you are done, you can click “Back to Home” or log out*

# 考勤表必填事项(TE)

TIMESHEET ESSENTIALS (TE)



## ■ 在填写考勤表之前，您需要了解几个重要的基础信息：

*Before completing your timesheets, there are a few important basics you need to understand:*

- 与受照助者的个案建立关联      *Being connected to a recipient's case*
- 每月/每周工时      *Monthly/Weekly hours*
- 成本分摊      *Share-of-Cost*
- 加班费      *Overtime*
- 差旅时间      *Travel Time*
- 违规行为      *Violations*

# TE:正在连接收件人

TIMESHEET ESSENTIALS (TE)

- 您必须先与收件人建立联系才能填写工时表

*You must be connected to a recipient before you can fill out timesheets*

- 要建立联系，接收方可以通过其*ESP*账户雇佣您，或者必须向*IHSS*提交*SOC 426A*表格

*To be connected, the recipient can hire you from their ESP account, or form SOC 426A must be submitted to IHSS*



California Health & Human Services Agency      California Department of Social Services

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM  
RECIPIENT DESIGNATION OF PROVIDER**

**INSTRUCTIONS:**

- Use black or blue ink. Print information clearly.
- You (or your authorized representative) must complete PART A of this form to let the county know who you have chosen to provide your authorized services.
- If you have multiple providers, you must fill out a separate form for each person who will be providing authorized services for you.
- You must sign the acknowledgment in PART C of this form.
- Please return this completed and signed form to the county. The county will keep the original form and give you a copy.

PART A. RECIPIENT DESIGNATION OF PROVIDER	
1. Recipient's Name:	
2. County IHSS Case #:	
3. Provider's Name:	
4. Provider's Address:	
City, State, ZIP Code:	
5. Provider's Telephone Number:	
6. Provider's Date of Birth	
7. Provider's Social Security #*:	
8. Provider's Gender (check box):	<input type="checkbox"/> Male <input type="checkbox"/> Female
9. Provider's Relationship to Recipient (if any):	<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Conservator <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
10. Provider's Start Date:	

\*NOTE: The collection of the Social Security Number is required by the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a), for the purposes of verifying the individual's identity and authorization to work in the United States.

I choose the person listed above to be my IHSS provider. This person will provide some or all of the services authorized by the county.

SOC 426A (1/16)

Page 1 of 3

# TE:正在连接收件人

TIMESHEET ESSENTIALS (TE)

- SOC 426A表格可通过以下方式获:

*The SOC 426A form is available by:*

- 上网至：

[cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2020/Q-T/SOC426A.pdf?ver=2023-05-31-160433-487](https://cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2020/Q-T/SOC426A.pdf?ver=2023-05-31-160433-487)

Going online to: [cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2020/Q-T/SOC426A.pdf?ver=2023-05-31-160433-487](https://cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2020/Q-T/SOC426A.pdf?ver=2023-05-31-160433-487)

- 收件人致电IHSS或其社工，要求将表格邮寄给他们 *Recipient calling IHSS or their social worker to have the form mailed to them*
- 在IHSS办公室领取 *Picking up at the IHSS office*

California Health & Human Services Agency	California Department of Social Services
<b>IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM RECIPIENT DESIGNATION OF PROVIDER</b>	
<b>INSTRUCTIONS:</b>	
<ul style="list-style-type: none"> <li>• Use black or blue ink. Print information clearly.</li> <li>• You (or your authorized representative) must complete PART A of this form to let the county know who you have chosen to provide your authorized services.</li> <li>• If you have multiple providers, you must fill out a separate form for each person who will be providing authorized services for you.</li> <li>• You must sign the acknowledgment in PART C of this form.</li> <li>• Please return this completed and signed form to the county. The county will keep the original form and give you a copy.</li> </ul>	
<b>PART A. RECIPIENT DESIGNATION OF PROVIDER</b>	
1. Recipient's Name:	
2. County IHSS Case #:	
3. Provider's Name:	
4. Provider's Address: City, State, ZIP Code:	
5. Provider's Telephone Number:	
6. Provider's Date of Birth	
7. Provider's Social Security #:	
8. Provider's Gender (check box):	<input type="checkbox"/> Male <input type="checkbox"/> Female
9. Provider's Relationship to Recipient (if any):	<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Conservator <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
10. Provider's Start Date:	
*NOTE: The collection of the Social Security Number is required by the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a), for the purposes of verifying the individual's identity and authorization to work in the United States.	
I choose the person listed above to be my IHSS provider. This person will provide some or all of the services authorized by the county.	
SOC 426A (1/16)	
Page 1 of 3	

# *TE: WEEKLY/MONTHLY HOURS*

- 与受照助者建立关联后，您将收到SOC 2271表《居家支持服务（IHSS）项目：受照助者授权时长、服务类型及每周最大时长通知》*After you are connected to your recipient, you will receive form SOC 2271 In-home Supportive Services (IHSS) Program Provider Notification of Recipient Authorized Hours and Services and Maximum Weekly Hours*
  - SOC 2271表将告知您以下信息*Form SOC 2271 will let you know:*
    - 您的受照助者是否需承担费用分摊（*Share-of-Cost*, 简称SOC）您的受照顾者每月获得授权的服务时长*If your recipient has a Share-of-Cost How many hours your recipient is authorized for per month*
    - 每周最大服务时长为多少*What the maximum weekly hours are*
      - 每周时长按“每月时长÷4”计算*Weekly hours are the monthly hours divided by 4*
      - 工作周从周日凌晨12:00开始，至次周六晚上11:59结束*Workweeks begin at 12:00 a.m. on Sunday and ends at 11:59 p.m. the following Saturday*
    - 受照顾者获得授权可聘请提供者完成哪些工作任务*What tasks are they authorized to hire a provider to do*

California Health & Human Services Agency

California Department of Social Services

## IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER NOTIFICATION OF RECIPIENT AUTHORIZED HOURS AND SERVICES AND MAXIMUM WEEKLY HOURS

Notification Date: \_\_\_\_\_  
Provider Number: \_\_\_\_\_

You are receiving this notice because you are a provider of IHSS for \_\_\_\_\_.

This notification is to inform you of your recipient's monthly authorized hours, of the services you are allowed to perform for your recipient, and of your recipient's potential Share of Cost liability.

Your recipient has a Share of Cost:  Yes  No

(For more information about Share of Cost see page 2)

Your recipient's monthly authorized hours are \_\_\_\_\_.

Your recipient's maximum weekly hours are his/her monthly authorized hours divided by 4.0, \_\_\_\_\_.

The chart on pages 3 and 4 lists the services that have been authorized for your recipient (which have been marked with an X), along with a brief description of the types of work that may be performed as part of each service. You will only be paid for providing the authorized services that have been marked.

Your recipient is responsible for creating a work schedule with you to accommodate his or her maximum weekly hours and monthly authorized hours. Please note, if your recipient has more than one provider, you may be limited in the amount of the services you provide as your recipient may schedule other providers for these services. The total hours worked by all the providers cannot be more than the recipient's maximum weekly hours and authorized monthly hours. You will not be paid by the IHSS program for any hours that exceed your recipient's authorized monthly hours.

If you are working for more than one recipient, you will be able to work up to 66 hours per week. You are responsible for informing each of your recipients of the hours you will be available to work for him/her, taking into account hours you may be working for other recipients to make sure you do not exceed the 66 hours per week. If you work more than your recipient's authorized weekly hours without your recipient receiving county approval, you may incur a violation. However, your recipient may adjust the weekly authorized hours in specific circumstances without county approval.

If you are the only provider for your recipient, you will be able to work up to your recipient's maximum weekly hours and monthly hours.

SOC 2271 (3/21)

Page 1 of 4



# 费用分摊

TE: SHARE-OF-COST

## 什么是IHSS费用分摊? *What is IHSS Share-of-Cost?*

- 对于IHSS，若受照顾者的收入高于大多数领取补充保障收入（SSI）/医疗补助（Medi-Cal）的人群，该受照顾者可能需要承担费用分摊（SOC）

*A recipient who has a higher income than most individuals receiving SSI/Medi-Cal may have a Share-of-Cost (SOC) for their IHSS services*

- 在Medi-Cal为IHSS等项目支付费用前，受照顾者每月必须自行支付一定金额

*The recipient must pay a certain amount each month before Medi-Cal will pay for services like IHSS*

- 若您的受照顾者有SOC，则由受照顾者负责向您支付从您薪酬中扣除的SOC金额

*If your recipient has an SOC, it is their responsibility to pay you any SOC deducted from your paycheck*

- IHSS不会代受照顾者向提供者支付任何应缴的SOC金额

*IHSS will not pay on behalf of the recipient for any SOC due to the provider*

### IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER NOTIFICATION OF RECIPIENT AUTHORIZED HOURS AND SERVICES AND MAXIMUM WEEKLY HOURS

Notification Date: \_\_\_\_\_  
Provider Number: \_\_\_\_\_

You are receiving this notice because you are a provider of IHSS for \_\_\_\_\_.

This notification is to inform you of your recipient's monthly authorized hours, of the services you are allowed to perform for your recipient, and of your recipient's potential Share of Cost liability.

Your recipient has a Share of Cost:  Yes  No  
(For more information about Share of Cost see page 2)

Your recipient's monthly authorized hours are \_\_\_\_\_.

Your recipient's maximum weekly hours are his/her monthly authorized hours divided by 4.0, \_\_\_\_\_.

The chart on pages 3 and 4 lists the services that have been authorized for your recipient (which have been marked with an X), along with a brief description of the types of work that may be performed as part of each service. You will only be paid for providing the authorized services that have been marked.

Your recipient is responsible for creating a work schedule with you to accommodate his or her maximum weekly hours and monthly authorized hours. Please note, if your recipient has more than one provider, you may be limited in the amount of the services you provide as your recipient may schedule other providers for these services. The total hours worked by all the providers cannot be more than the recipient's maximum weekly hours and authorized monthly hours. You will not be paid by the IHSS program for any hours that exceed your recipient's authorized monthly hours.

If you are working for more than one recipient, you will be able to work up to 66 hours per week. You are responsible for informing each of your recipients of the hours you will be available to work for him/her, taking into account hours you may be working for other recipients to make sure you do not exceed the 66 hours per week. If you work more than your recipient's authorized weekly hours without your recipient receiving county approval, you may incur a violation. However, your recipient may adjust the weekly authorized hours in specific circumstances without county approval.

If you are the only provider for your recipient, you will be able to work up to your recipient's maximum weekly hours and monthly hours.



# 费用分摊

TE: SHARE-OF-COST

## 如何确认您的受照顾者是否有SOC?

*How do you know if your recipient has an SOC?*

- 直接询问受照顾者是否有SOC  
*Ask your recipient if they have an SOC*
- 在与受照顾者建立关联后，查看SOC 2271表格，确认受照顾者是否有SOC  
*Check the form SOC 2271 once connected to see if your recipient has an SOC*

### IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER NOTIFICATION OF RECIPIENT AUTHORIZED HOURS AND SERVICES AND MAXIMUM WEEKLY HOURS

Notification Date: \_\_\_\_\_  
Provider Number: \_\_\_\_\_

You are receiving this notice because you are a provider of IHSS for \_\_\_\_\_.

This notification is to inform you of your recipient's monthly authorized hours, of the services you are allowed to perform for your recipient, and of your recipient's potential Share of Cost liability.

Your recipient has a Share of Cost:  Yes  No  
(For more information about Share of Cost see page 2)

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The chart on pages 3 and 4 lists the services that have been authorized for your recipient (which have been marked with an X), along with a brief description of the types of work that may be performed as part of each service. You will only be paid for providing the authorized services that have been marked.

Your recipient is responsible for creating a work schedule with you to accommodate his or her maximum weekly hours and monthly authorized hours. Please note, if your recipient has more than one provider, you may be limited in the amount of the services you provide as your recipient may schedule other providers for these services. The total hours worked by all the providers cannot be more than the recipient's maximum weekly hours and authorized monthly hours. You will not be paid by the IHSS program for any hours that exceed your recipient's authorized monthly hours.

If you are working for more than one recipient, you will be able to work up to 66 hours per week. You are responsible for informing each of your recipients of the hours you will be available to work for him/her, taking into account hours you may be working for other recipients to make sure you do not exceed the 66 hours per week. If you work more than your recipient's authorized weekly hours without your recipient receiving county approval, you may incur a violation. However, your recipient may adjust the weekly authorized hours in specific circumstances without county approval.

If you are the only provider for your recipient, you will be able to work up to your recipient's maximum weekly hours and monthly hours.



# 费用分摊

TE: SHARE-OF-COST

- SOC金额可能在每个发薪周期发生变化，具体取决于受照顾者是否已支付其他医疗费用，且变化会发生在考勤表处理之前  
*The SOC amount can change each pay period, depending on whether the recipient has already paid for other medical expenses, and before the timesheet is processed*
- 若受照顾者有SOC，各县每月处理的第一份（或多份）考勤表中可能会扣除SOC金额，这将减少IHSS直接支付给提供者的款项  
*When a recipient has an SOC, the first timesheet(s) processed by the county each month may have an SOC deduction, which reduces the amount directly paid by IHSS to the provider*
- 从提供者薪酬中扣除的所有SOC金额，均需由受照顾者个人向服务提供者支付  
*Any SOC deducted from a provider's paycheck is required to be paid personally by the recipient to the provider*
  - 每当提供者的薪酬中发生SOC扣除时，IHSS将向受照顾者和提供者各邮寄一封通知函，告知受照顾者需向服务提供者支付的金额  
*Any time there is an SOC deduction from a provider's paycheck, IHSS will mail a letter to both the recipient and the provider notifying them of the amount that the recipient owes to the provider*

# 费用分摊

TE: SHARE-OF-COST

SOC支出示例有哪些？ *What are some examples of SOC expenses?*

- 支付其他医疗服务费用或购买医疗用品的支出  
*Paying for other medical services or goods*
- 向药房支付的药品费用 *Payment to pharmacy*
- 前往诊所就诊产生的费用 *Payment when visiting a doctor's office*
- 向IHSS提供者支付的费用 *Paying an IHSS provider*

如需了解更多关于SOC的信息： *For more information on SOC:*

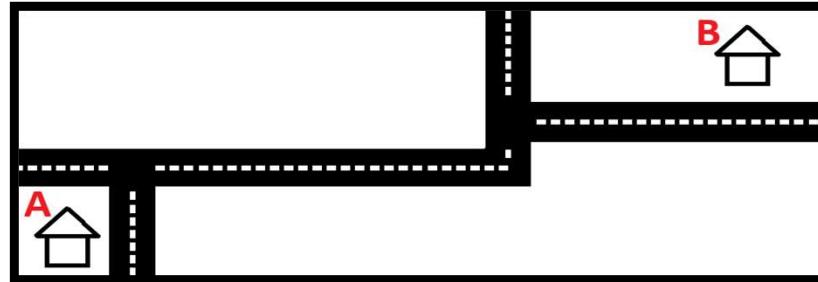
- 联系您所在县的IHSS Medi-Cal办公室或IHSS办公室  
*Contact your county IHSS Medi-Cal office or your county IHSS office*
- 访问<https://www.cdss.ca.gov/inforesources/ihss/fact-sheets>并查找“费用分摊”(Share-of-Cost)  
*Visit <https://www.cdss.ca.gov/inforesources/ihss/fact-sheets> and locate "Share-of-Cost"*

# TE:加班费 OVERTIME



- 在一个工作周内，工作时间超过40小时的部分都算作该周的加班时间  
*Over 40 hours worked in a workweek are overtime hours for that week*
  - 请查看SOC 2271表格上的每周最长工时限制，确保您的接收者可以加班  
*Make sure overtime is allowed for your recipient by checking the weekly maximum hours on the SOC 2271 form*
- 无需单独填写加班时间表。您只需填写该周为每位收款人工作的所有小时数即可  
*There is no separate timesheet to fill out for overtime. You will enter all the hours worked that week for each recipient*
  - 请记住，如果您为多个客户工作，您在所有客户那里工作的总时长不得超过66小时  
*Remember, if you work for more than one recipient, you can only work a total of 66 hours between the recipients*
    - 请仔细阅读违规事项部分，以免因违反加州社会服务部(CDSS)的规定而受到处罚  
*Review the violations section to avoid getting a violation for not following the California Department of Social Services (CDSS) rule*

# TE:加班费 OVERTIME



什么是旅行时间？ *What is travel time?*

- 如果您在同一天为多个受照顾者提供服务，您可能有资格获得交通时间的报酬  
*Providers may be eligible to be paid for travel time if they provide services for more than one recipient on the same day*
  - 如果符合条件，您每个工作周最多可报销 7 小时的交通时间  
*If eligible, you can claim up to seven hours of travel time per workweek*
- 交通时间是指您从一个受照顾者的家或服务地点直接前往另一个受照顾者的家或服务地点所花费的时间 *Travel time is calculated from the time a provider leaves one recipient's home or service location to travel directly to another*
- 要报销交通时间，您必须向IHSS提交IHSS计划提供者工作周和交通时间协议（SOC 2255）  
*To claim travel time, you must submit the IHSS Program Provider Workweek & Travel Time Agreement (SOC 2255) to IHSS*
  - 差旅时间不计入您的正常工时或加班工时。如需在员工服务计划(ESP)中申报差旅时间，请点击“时间录入”(Time Entry)，然后点击“差旅申报”(Travel Claim)  
*Travel time is not part of your regular or overtime hours. To claim travel time on the ESP, click on "Time Entry," then click on "Travel Claim"*

# TE:违规行为

VIOLATIONS

## 什么是违规行为？

*What are violations?*

- 违反某些计划规则时CDSS将采取的正式行动  
*A formal action taken by CDSS when program rules are broken*
- 多次违规可能导致停职或解雇 *Multiple violations may lead to suspension or termination*
  - 在ESP中，在提交考勤表前，如果您的考勤表可能导致违规，您会收到警告讯息 *On the ESP, before submitting your timesheet, providers will receive a warning message if your timesheet may result in a violation*

## 常见违规行为包括哪些？

- What are some common violations?*
- 未经IHSS批准的超时工作 *Working overtime that is not authorized by IHSS*
  - 工作时间超过受照顾者的每周最高工作时间或超过每月加班时间  
*Working over the recipient's maximum weekly hours or more than the monthly overtime hours*
  - 为一名以上受照顾者工作时，一个工作周的总工作时间超过66小时  
*Working more than 66 total hours in a workweek when working for more than one recipient*
  - 在一个工作周内报销超过7小时的交通时间  
*Claiming more than 7 hours of travel time in a workweek*

# TE:违规行为 VIOLATIONS

## 如果您继续收到违规通知，会发生什么？

*What happens if you receive violation notices?*

### ■ 根据您收到的违规次数

*Depending on how many violations you have received:*

- 1 第一次警告：您和您的收件人都会收到通知，但不会产生其他后果。我们建议您联系您所在县的IHSS办公室，以避免进一步违规     *1<sup>st</sup> notice: You and your recipients receive a notice, but there are no other consequences. We recommend contacting your county IHSS office to avoid further violations*
- 2 第二次通知：您可以在14天内完成一次性自助式违规规则培训，以便消除此次违规记录     *2<sup>nd</sup> notice: You can complete a one-time self-guided training on violation rules within 14 days for the violation to be erased*
  - 此培训只能完成一次。要完成此培训，请联系您所在县的IHSS办公室了解更多信息     *This training can only be completed once. To complete this training, contact your IHSS county office for more information*

# TE:违规行为 VIOLATIONS

## 如果您继续收到违规通知，会发生什么？(继续)

*What happens if you receive violation notices? (Continue)...*

- **3 第三次通知：**您将被暂停担任IHSS服务提供者资格90天  
*3<sup>rd</sup> notice: You will be suspended as an IHSS provider for 90 days*
- **4 第四次通知：**您将被取消担任IHSS护理员的资格一年  
*4<sup>th</sup> notice: You will be ineligible to work as an IHSS provider for one year*
  - 一年期满后，您需要重新注册并再次完成所有服务提供者要求，才能继续担任IHSS服务提供者

*When the year is up, you will then need to re-enroll and complete all provider requirements again to resume working as an IHSS provider*

# TE:违规行为 VIOLATIONS

如果我认为存在错误，并且想要对违规行为提出异议怎么办？

*What if I believe there is an error, and want to dispute the violation?*

- 在收到违规通知之日起10个日历日内，请联系您所在县的相关部门，启动申诉程序

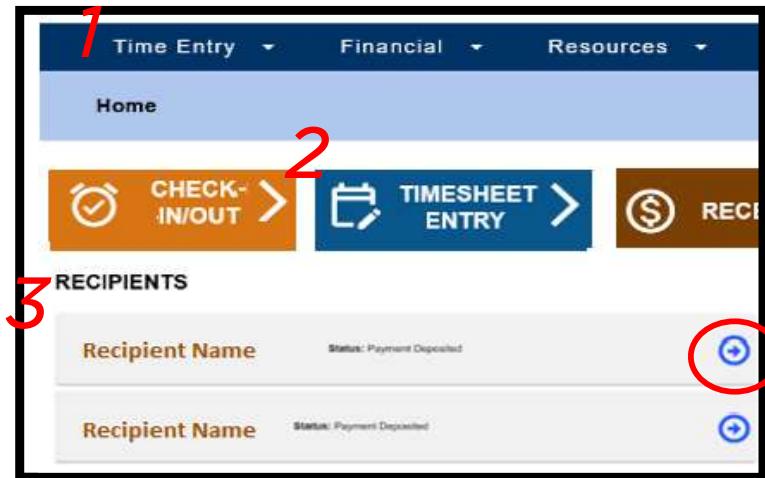
*Within 10 calendar days of receiving the violation notice, contact your county to start the dispute process*

这些违规记录会保留在我的档案中吗？*Will the violations stay on my record?*

- 违规行为不会永久有效 *Violations do not stay active permanently*
  - 如果您在一年内没有再次违规，那么之前的一次违规记录将失效  
*If you do not receive another violation for a year, one violation will become inactive*
- 如果您因一年未获得报酬而失去参与该项目的资格，或者在收到四次违规警告后重新加入该项目，则之前的违规记录将被清零  
*Violations will reset if you become ineligible in the program after no pay for a year, or when you re-enroll in the program after receiving four violations*

# 考勤表填写

## TIMESHEET ENTRY



- 您可以通过以下方式在ESP系统中访问您的工时表:

*Access your timesheet on the ESP by:*

- 点击“时间录入”(1 Time Entry)，会出现一个下拉菜单，找到“时间表”(Timesheets)，然后选择“输入时间”(Enter Time) *Clicking on “Time Entry”(1), a dropdown menu will appear, find “Timesheets,” and choose “Enter Time”*
- 点击蓝色的“工时表录入”(2 Timesheet Entry)按钮 *Clicking on the blue “Timesheet Entry” (2) button*
- 在“收件人”(3 Recipients)下方，找到您想要输入时间的收件人姓名，然后点击其姓名右侧的蓝色箭头 *Under “Recipients” (3), find the name of the recipient you wish to enter time for, and click on the blue arrow to the right of their name*

# 考勤表填写

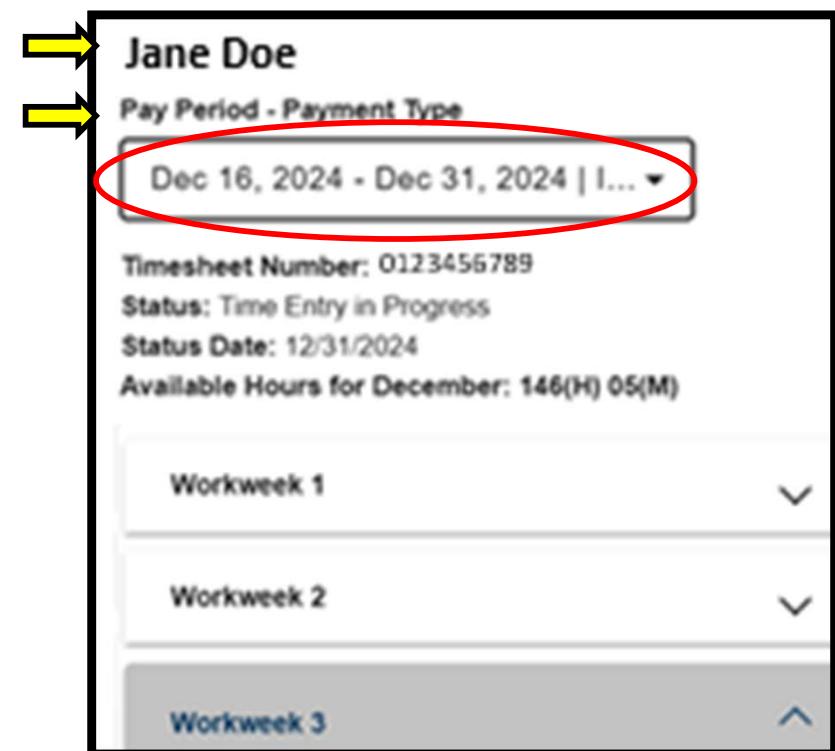
## TIMESHEET ENTRY

- 填写工时表前，请核对以下信息是否正确：

*Before you fill out your timesheet, check that the following information is correct:*

- 收件人姓名 *Recipient's name*
- “支付周期-支付类型” (*Pay Period - Payment Type*) 日期 *The "Pay Period - Payment Type" dates*
  - 如果当前不是您想要完成的工资周期，请点击下拉箭头选择您可以完成的可用工资周期

*If the pay period is not the one you wish to complete, click on the drop-down arrow for the available pay periods you can complete*



# 考勤表填写

TIMESHEET ENTRY

Workweek 2

Sunday 17 Dec	
Hours	Minutes
00	00
Monday 18 Dec	
Hours	Minutes
00	00
Tuesday 19 Dec	
Hours	Minutes
00	00
Wednesday 20 Dec	
Hours	Minutes
00	00
Thursday 21 Dec	
Hours	Minutes
00	00
Friday 22 Dec	
Hours	Minutes
00	00
Saturday 23 Dec	
Hours	Minutes
00	00

Previously Claimed Hours: 00(H) 00(M)  
Workweek Total: 00(H) 00(M)

**Save**

Timesheet Total: 00(H) 00(M)

**Submit Timesheet**

Workweek 2

Sunday 17 Dec	Hours	Minutes	Start Time	Start Location	End Time	End Location
00 00	09:57 AM	0	09:57 AM	Home	06:32 PM	Home
Monday 18 Dec	Hours	Minutes	Start Time	Start Location	End Time	End Location
00 00	---	0	---	---	---	---
Tuesday 19 Dec	Hours	Minutes	Start Time	Start Location	End Time	End Location
00 00	---	0	---	---	---	---
Wednesday 20 Dec	Hours	Minutes	Start Time	Start Location	End Time	End Location
00 00	---	0	---	---	---	---
Thursday 21 Dec	Hours	Minutes	Start Time	Start Location	End Time	End Location
00 00	---	0	---	---	---	---
Friday 22 Dec	Hours	Minutes	Start Time	Start Location	End Time	End Location
00 00	---	0	---	---	---	---
Saturday 23 Dec	Hours	Minutes	Start Time	Start Location	End Time	End Location
00 00	---	0	---	---	---	---

Previously Claimed Hours: 00(H) 00(M)  
Workweek Total: 00(H) 00(M)

**Save**

Timesheet Total: 00(H) 00(M)

**Submit Timesheet**

住家型

非住家型提供者

- 您的考勤表样式会因您是否为住家型服务提供者而有所不同

*Your timesheet will look different depending on whether you are a live-in provider or not*

- 若您是使用EVV的提供者，大部分信息会自动为您记录

*For providers who use EVV, most information is automatically recorded for you*

- 您仍需核对信息，并提交考勤表以申请付款

*You will still need to review the information and submit your timesheet for payment*

# 考勤表填写:基础信息

TIMESHEET ENTRY: BASICS

The screenshot shows a timesheet entry interface. At the top, the recipient's name is listed as "JANE DOE". Below it, the "Pay Period - Payment Type" is shown as "Aug 1, 2025 - Aug 15, 2025 | IH...". A red box highlights the "Timesheet Number: 00123456". Below this, the status is "Time Entry in Progress" and the status date is "07/26/2025". Available hours for August are listed as "77(H) 51(M)". There are three dropdown menus for "Workweek 1", "Workweek 2", and "Workweek 3". At the bottom, the total timesheet amount is "00(H) 00(M)" and there is a blue "Submit Timesheet" button.

我们来梳理一下工考勤上的一些基础信息

*Let's review some basic information on your timesheet*

1. 考勤表顶部会显示您的受照顾者姓名 *At the top, you will see your recipient's name*
2. “付款周期 - 付款类型” (*Pay Period - Payment Type*)一栏会显示您当前查看的付款周期 *The “Pay Period - Payment Type” shows the pay period you are currently reviewing*
3. “考勤表编号” (*Timesheet Number*)由IHSS系统自动分配 *IHSS will automatically assign the “Timesheet Number”*

## 考勤表填写:基础信息

## *TIMESHEET ENTRY: BASICS*

**JANE DOE**

**Pay Period - Payment Type**

Aug 1, 2025 - Aug 15, 2025 | IH... ▾

**Timesheet Number:** 00123456

**Status:** Time Entry in Progress

**Status Date:** 07/26/2025

**Available Hours for August:** 77(H) 51(M)

**Workweek 1** ▾

**Workweek 2** ▾

**Workweek 3** ▾

**Timesheet Total:** 00(H) 00(M)

**Submit Timesheet**

4. “状态” (*Status*) 显示付款周期的考勤表提交状态  
*"Status" shows you the submission status of the pay period*
  5. “状态日期” (*Status Date*) 显示您上一次保存条目的时间  
*"Status Date" shows you the last time you saved any entries*
  6. “剩余可用时长[月份]” (*Available hours for [Month]*) 告知您受照顾者当前仍剩余的服务可用时长  
*"Available hours for [Month]" tells you how many hours the recipient still has available*
    - 如果多位服务提供者为同一受益人提供服务，则在所有服务提供者的最新工时表都获得报酬之前，可用工时可能不准确  
*If multiple providers are working for the same recipient, the available hours might not be accurate until all providers' timesheets up to date have been paid*

# 考勤表填写:基础信息

TIMESHEET ENTRY: BASICS

7

Workweek 1

Sunday 27

Hours Worked: 05(H) 00(M)

Monday 28 Jul

Hours Worked: 00(H) 00(M)

Tuesday 29 Jul

Hours Worked: 00(H) 00(M)

Wednesday 30 Jul

Hours Worked: 00(H) 00(M)

Thursday 31 Jul

Hours Worked: 00(H) 00(M)

Friday 1 Aug

Hours Minutes

00 00

Saturday 2 Aug

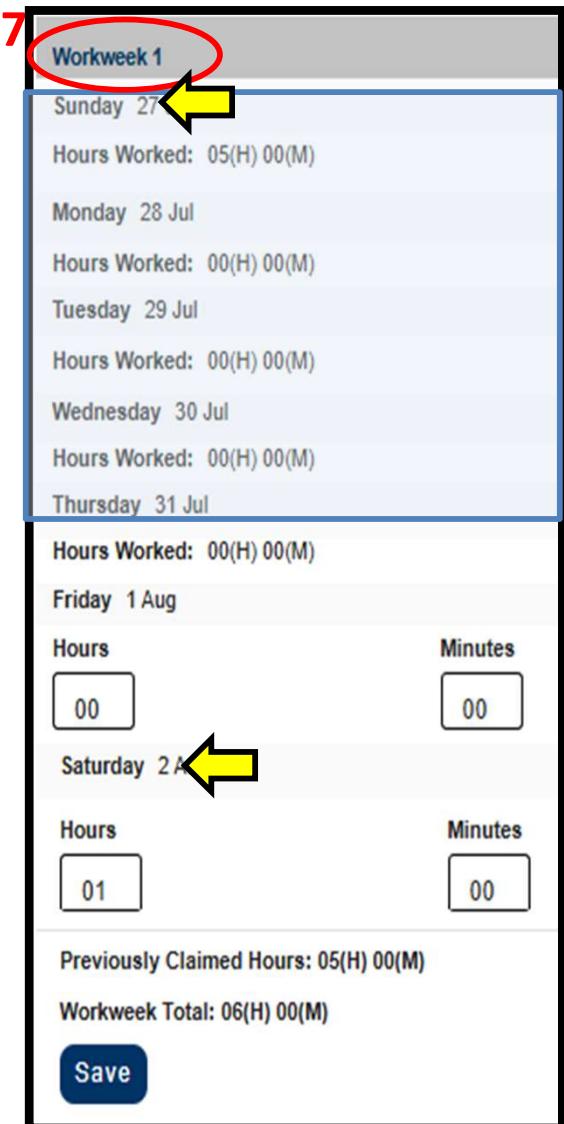
Hours Minutes

01 00

Previously Claimed Hours: 05(H) 00(M)

Workweek Total: 06(H) 00(M)

Save



7. 每个“工作周”(Workweek)均从周日开始，至周六结束

*Each "Workweek" will start on Sunday and end on Saturday*

- 每月第一个付款周期为1日至15日
  - The first pay period of the month begins on the 1<sup>st</sup> and ends on the 15<sup>th</sup>*
- 第二个付款周期为16日至当月最后一日
  - The second pay period begins the 16<sup>th</sup> and ends on the last day of the monththis workweek*

# 考勤表填写:基础信息

TIMESHEET ENTRY: BASICS

7 Workweek 1

Sunday 27 Jul	Hours Worked: 05(H) 00(M)
Monday 28 Jul	Hours Worked: 00(H) 00(M)
Tuesday 29 Jul	Hours Worked: 00(H) 00(M)
Wednesday 30 Jul	Hours Worked: 00(H) 00(M)
Thursday 31 Jul	Hours Worked: 00(H) 00(M)
Friday 1 Aug	Hours Worked: 00(H) 00(M)
Hours	Minutes
00	00
Saturday 2 Aug	
Hours	Minutes
01	00
Previously Claimed Hours: 05(H) 00(M)	
Workweek Total: 06(H) 00(M)	
<b>Save</b>	

**提醒 :** *Reminder:*

- 请查看每个付款周期第一周的“往期申报时长”(*Previously Claimed Hours*)，该时长将计入当前工作周

*Check your “Previously Claimed Hours” for the first week of each pay period, as it will be counted as part of the current workweek*

- 如果新的工资周期与某个工作周重合，您将在“工作周总计”(*Workweek Total*)下看到该工作周内两个工资周期的总和

*If the new pay period shares a workweek, you will see the total of both pay periods for that workweek under “Workweek Total”*

- 示例：在上个月的第二个付款周期中，您在第3个工作周申报了5小时

*Example: In the 2<sup>nd</sup> pay period of the previous month; you claimed 5 hours in workweek 3*

- 次月，您在第1个工作周工作了1小时

*The following month, under workweek 1, you worked 1 hour*

- 该工作周的总时长为6小时，但您在本月付款周期中仅会就这1小时获得报酬

*The workweek total for the week is 6 hours, but you will only be paid 1 hour in this pay period for*

# 考勤表填写:基础信息

## *TIMESHEET ENTRY: BASICS*

8. “考勤表总计” (*Timesheet Total*) 显示该付款周期内申报的总工时 “*Timesheet Total*” displays the total hours claimed for the pay period

- 请务必点击每个工作周底部的“保存”(Save)按钮，否则“考勤表总计”(Timesheet Total)一栏将无法计算总工时。Remember to click the “Save” button at the bottom of each workweek, or else the total hours will not be calculated under “Timesheet Total”。

9. 当您完成考勤表填写并准备提交给受照顾者审核时，请点击“提交考勤表”(*Submit Timesheet*)按钮

*Use the “Submit Timesheet” button when you are ready to submit your timesheet for your recipient to review*

在提交考勤表前，我们先了解住家型与非住家型提供者的工时填写格式

*Let's look at the entry format for live-in and non-live-in providers before submitting the timesheet*

**JANE DOE**

**Pay Period - Payment Type**

Aug 1, 2025 - Aug 15, 2025 | IH... ▾

**Timesheet Number:** 00123456

**Status:** Time Entry in Progress

**Status Date:** 07/26/2025

**Available Hours for August:** 77(H) 51(M)

Workweek 1 ▾

Workweek 2 ▾

Workweek 3 ▾

Timesheet Total: 00(H) 00(M)

Submit Timesheet



# 考勤表填写：住家型

TIMESHEET ENTRY: LIVE -IN

**JANE DOE**

**Pay Period - Payment Type**

Dec 16 2025 - Dec 31, 2025 ▾

Timesheet Number: 00123456

Status: Time Entry in Progress

Status Date: 07/26/2025

Available Hours for August: 77(H) 51(M)

Workweek 1	
Monday 16 Dec	▼
Hours	Minutes
00	00
Tuesday 17 Dec	
Hours	Minutes
00	00

Previously Claimed Hours: 05(H) 00(M)  
 Workweek Total: 10(H) 00(M)

**Save**

Timesheet Total: 16(H) 00(M)

**Submit Timesheet**

住家型

如需查看考勤表详情，需展开每个工作周的条目

*To review the timesheet information, expand each workweek*

因为您不使用EVV:

*Because you do not use the EVV:*

- 需展开工作周以查看具体日期，进而开始填写工时

*Expand the workweek to view the dates and start entering time*

- 住家型提供者仅需填写每日的工作小时数与分钟数

*Live-in providers will only need to enter the number of hours and minutes they worked each day*

- 点击小时或分钟下方的“00”，删除后面的零，然后输入您的时间

*Click on the “00” under hours or minutes, delete the zeros, and enter your time*

# 考勤表填写：居家型

TIMESHEET ENTRY: LIVE -IN

JANE DOE

Pay Period - Payment Type

Dec 16 2025 - Dec 31, 2025 ▾

Timesheet Number: 00123456

Status: Time Entry in Progress

Status Date: 07/26/2025

Available Hours for August: 77(H) 51(M)

Workweek 1

Monday 16 Dec	Hours	Minutes
03	30	

Tuesday 17 Dec	Hours	Minutes
02	30	

Previously Claimed Hours: 05(H) 00(M)  
Workweek Total: 10(H) 00(M)

**Save**

Timesheet Total: 16(H) 00(M)

**Submit Timesheet**

居家型



- 若需按日或按周保存填写内容，可点击每个工作周末尾的“保存”(Save)按钮

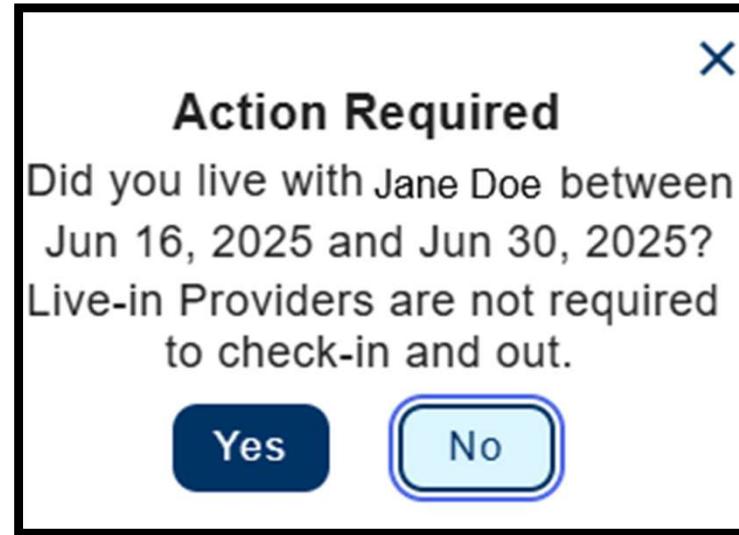
*To save the entry daily or the week, click on the “Save” button located at the end of each workweek*

- 若您在本付款周期剩余时间内仍需工作，则暂不要点击“提交考勤表”(Submit Timesheet)按钮

*Do not click “Submit Timesheet” if you will work the rest of the pay period*

# 考勤表填写：住家型

TIMESHEET ENTRY: LIVE -IN



- 若您尚未提交《住家证明》（*Live-in Certification*），或您并非与受照顾者同住，则每次开启新付款周期时，系统会询问您在该付款周期内是否与受照顾者同住

If

*you have not submitted a Live-in Certification, or you do not live with your recipient, each time you start a new pay period, you will be asked if you lived with your recipient during the pay period*

# 考勤表填写：非住家型提供者

TIMESHEET ENTRY: NON-LIVE IN

Hours	Minutes	Start Time	Start Location	End Time	End Location
Saturday	2 Aug				
01	00	11:38 AM	Home	11:40 AM	Community

Save

- 非住家型提供者需填写以下信息：*Non-live in providers will need to enter:*

- 小时数 *Hours*
- 分钟数 *Minutes*
- 开始时间 *Start Time*

- 开始地点 *Start Location*
- 结束时间 *End Time*
- 结束地点 *End Location*

- 若您通过EVV进行签到与签退，上述信息将为您自动预填

*If you use the EVV check-in and out, the information will be pre-filled for you*

# 考勤表填写：非住家型提供者

TIMESHEET ENTRY: NON-LIVE IN

Jane Doe

Pay Period - Payment Type  
Aug 1, 2025 - Aug 15, 2025 | IH...

Timesheet Number: 00123456

Status: Time Entry in Progress

Status Date: 07/26/2025

Available Hours for August: 77(H) 51(M)

Workweek 1

Date	Hours Worked
Sunday 27 Jul	05(H) 00(M)
Monday 28 Jul	00(H) 00(M)
Tuesday 29 Jul	00(H) 00(M)
Wednesday 30 Jul	00(H) 00(M)
Thursday 31 Jul	00(H) 00(M)
Friday 1 Aug	00(H) 00(M)

Saturday 2 Aug

Hours	Minutes	Start Time	Start Location	End Time	End Location
00	00	11:38 AM	Home	11:40	12:38

Save

- 若您忘记使用EVV, EVV无法使用，或使用EVV时操作出错，仍可在ESP中填写工作信息  
*If you forget to use the EVV, the EVV is unavailable, or a mistake was made when using the EVV, you can still enter your work information on the ESP*
- 点击工作周以展开该周的条目  
*Click on the workweek to expand the week*
  - 对于跨付款周期的共享工作周，已通过ESP提交的往期工时无法修改  
*You cannot change hours already submitted through the ESP for previous pay periods that share the same workweek*
- 点击对应输入框，删除“00”或错误时间，再填入您实际工作的正确小时数与分钟数  
*Click in the boxes to delete the “00,” or incorrect times, to delete and add in the correct hours and minutes you worked*

# 考勤表填写:提交

TIMESHEET ENTRY: SUBMISSION

- 填写完工作小时数与分钟数后，请记得点击“保存”(Save)按钮

*After you have entered the hours and minutes you worked, remember to click on the "Save" button*

- 此操作也有助于您及时发现是否存在错误  
*This will be also be helpful in seeing if there are any errors*
  - 例如，您申报的工时是否超出每周时长上限  
*For example, if you have gone over the weekly hours limit*

- 请务必核对并保存该付款周期内每个工作周的信息后，再提交考勤表

*Do not submit your timesheet until you have reviewed and saved each workweek in the pay period*

- 若确认无错误，且您已准备好提交考勤表供受照顾者审核批准，点击“提交考勤表”按钮

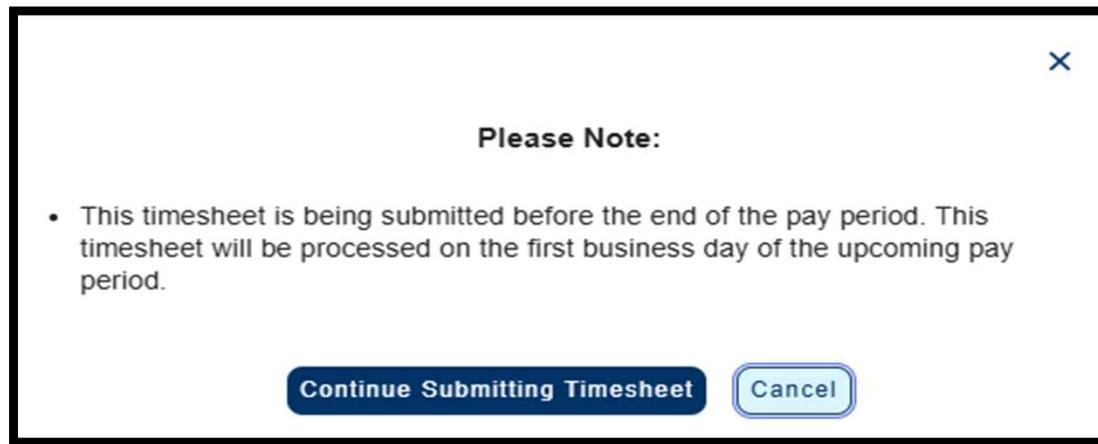
*If there are no errors and you're ready to submit your timesheet for the recipient to review for approval, click on the "Submit Timesheet" button*

The screenshot shows a digital timesheet entry interface for a weekly period from Sunday, 10 Aug to Saturday, 16 Aug. The interface is titled 'Workweek 3'. It displays daily hours and minutes worked for each day of the week. At the bottom, it shows the total 'Hours Worked: 00(H) 00(M)' and the 'Workweek Total: 05(H) 00(M)'. Two buttons at the bottom are circled in red: 'Save' on the left and 'Submit Timesheet' on the right.

Workweek 3	
Sunday 10 Aug	Minutes
Hours	00
Monday 11 Aug	Minutes
Hours	00
Tuesday 12 Aug	Minutes
Hours	00
Wednesday 13 Aug	Minutes
Hours	00
Thursday 14 Aug	Minutes
Hours	00
Friday 15 Aug	Minutes
Hours	00
Saturday 16 Aug	Minutes
Hours Worked:	00(H) 00(M)
Previously Claimed Hours: 00(H) 00(M)	
Workweek Total: 05(H) 00(M)	
<b>Save</b>	<b>Submit Timesheet</b>

# 考勤表填写: 提交

TIMESHEET ENTRY: SUBMISSION



- 若您提交考勤表时弹出消息框，请先阅读消息内容，再继续操作  
*If you submit your timesheet and a message box is shown, read the information before continuing*
  - 消息框提示可能源于以下情况: *The message box reminder could be due to:*
    - 在付款周期结束前提交考勤表 *Submitting a timesheet before the pay period end*
    - 申报工时超出受照顾者的授权时长 *Submitting time that will result in more than the recipient's authorized hours*
  - 如果您想返回修改，请点击“取消”(Cancel)；如果您不想修改，请点击“继续提交工时表”(Continue Submitting Timesheets)  
*Click "Cancel" if you want to go back to make changes, or "Continue Submitting Timesheets" if you do not want to make changes*

# 考勤表填写:提交

TIMESHEET ENTRY: SUBMISSION

**Timesheet Electronic Signature**

Please electronically sign your timesheet for 08/01/2025 - 08/15/2025

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

I, IP NAME agree to the terms above

**Electronically Sign Timesheet & Submit for Recipient Review**      **Cancel Submit**

- 阅读 “考勤表电子签名条款”(*Timesheet Electronic Signature*)内容  
*Read the "Timesheet Electronic Signature" terms*
- 点击空白方框，表示同意条款      *Agree to the terms by clicking in the empty box*
- 若需完成考勤表提交，点击 “电子签名考勤表并提交给受照顾者审核”(*Electronically Sign Timesheet & Submit for Recipient Review*)按钮  
*To finish submitting your timesheet, click on the "Electronically Sign Timesheet & Submit for Recipient Review" button*
- 若您或受照顾者已开启 “电子邮件通知” 偏好设置，以下情况将触发邮件通知：  
*If you or your recipient's preference for notification by email is turned on, an email will be sent when:*
  - 考勤表已提交    *Timesheet is submitted*
  - 受照顾者批准或拒绝考勤表    *The recipient approves or denies the timesheet*
  - 直存款金额信息已就绪    *Direct deposit amount information is ready*

# 病假申请

## SICK LEAVE REQUEST

- 当居家照护服务提供者需要请假时，他们可以为自己或家庭成员申请带薪病假，具体情况如下：

*When IHSS providers need to miss work, they can take paid sick leave for themselves or a family member when:*

- 本人患病 *They have an illness*
- 本人有医疗预约 *They have a medical appointment*
- 本人为家庭暴力、性侵犯或跟踪行为的受害者，需寻求救济、医疗护理、相关服务或心理咨询  
*They need relief, medical attention, services, or counseling when the provider is a victim of domestic violence, sexual assault, or stalking*
- 需照顾患病的家庭成员或陪同家庭成员前往医疗预约  
*They must take care of a family member who is sick or has a medical appointment*

- 使用病假时长不会影响受照顾者的每周或每月时长

*Using your sick leave hours doesn't impact your recipient's weekly or monthly hours*

# 病假申请

## SICK LEAVE REQUEST

提供者使用带薪病假前，需一次性满足一项前提条件

*Before providers can use paid sick leave, a one-time requirement must be met*

- 带薪病假按年度累积 *Paid sick leave is accrued yearly*
  - 提供者需在首次受雇后累计工作满100小时，方可开始累积病假时长 *To start building up sick leave hours, providers first need to work 100 hours after their initial hire date*
- 提供者累积病假时长后，需满足以下任一条件方可申请使用：  
*After a provider has accrued their sick leave hours, they cannot claim any until:*
  - 额外再工作满200小时；或 *Provider works an additional 200 hours, or*
  - 连续在职工作满60个自然日 *Actively works for a period of 60 calendar days*
- 病假时长需在每个州财政年度结束前（6月30日）使用完毕 *Sick time must be used by the end of each State Fiscal Year; June 30<sup>th</sup>*
  - 未使用的带薪病假将过期失效，每年7月1日病假时长将重新开始累积 *Unused paid sick leave expires. Sick leave hours reset on July 1<sup>st</sup> each year*

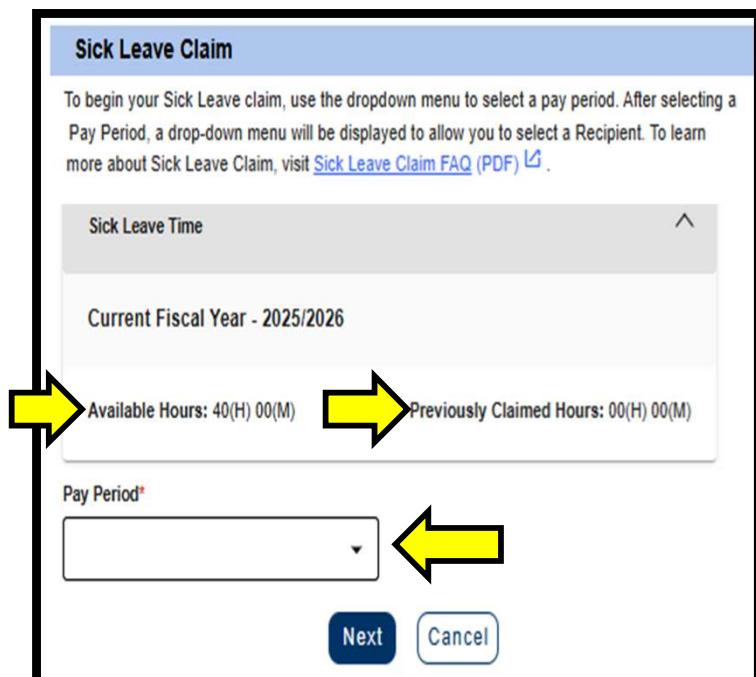
# 病假申请

## SICK LEAVE REQUEST

- 您可通过以下方式申请病假：*You can make a sick leave request by:*
  - 通过*ESP*提交电子申请 *Submitting an electronic request through the ESP*
  - 向*IHSS*提交纸质版*SOC 2302*“*IHSS项目提供者病假申请表*” (*IHSS Program Provider Sick Leave Request Form*)  
*Submitting the paper *SOC 2302* “*IHSS Program Provider Sick Leave Request Form*” to IHSS*
    - 该表格可在CDSS官网下载打印 *The form is available on the CDSS website for you to print*
    - 您也可前往所在县的*IHSS*办公室领取纸质表  
*A printed copy can be provided at your county IHSS office*
- 如需了解更多病假相关信息：*For more information on sick leave:*
  - 访问网址：*cdss.ca.gov/inforesources/ihss-providers/resources/sick-leave* *Visit *cdss.ca.gov/inforesources/ihss-providers/resources/sick-leave**
  - 拨打电话：**(866) 376-7066** *Call (866) 376-7066*
    - *IHSS* 服务台可解答关于病假累积、使用及余额的相关问题  
*IHSS Service Desk can answer questions about sick leave earnings, usage, and balance*
      - 病假相关信息也可在*ESP*或您的工资单中查询  
*This information can also be found on the *ESP* or your paystub*

# 病假申请

## SICK LEAVE REQUEST



**Sick Leave Claim**

To begin your Sick Leave claim, use the dropdown menu to select a pay period. After selecting a Pay Period, a drop-down menu will be displayed to allow you to select a Recipient. To learn more about Sick Leave Claim, visit [Sick Leave Claim FAQ \(PDF\)](#).

Sick Leave Time

Current Fiscal Year - 2025/2026

Available Hours: 40(H) 00(M)      Previously Claimed Hours: 00(H) 00(M)

Pay Period\*

Next Cancel

### 通过ESP提交病假申请的操作步骤

*Entering a Sick Leave Request through the ESP*

- 进入“工时录入”(Time Entry)标签页，选择“病假申报”(Sick Leave Claim)  
*Go to the “Time Entry” tab and select “Sick Leave Claim”*
- 系统将显示您当前可用的病假时长，以及本财政年度已申报的病假时长  
*You will see how many hours are available, and how many hours you have already claimed during the fiscal year*
- 点击下拉箭头，查看可申报病假的付款周期列表  
*Click the drop-down arrow for a list of pay periods you can make the claim for*

# 病假申请

## SICK LEAVE REQUEST

**Pay Period\***

Jul 1, 2025 - Jul 15, 2025

Jul 16, 2025 - Jul 31, 2025

Aug 1, 2025 - Aug 15, 2025

**Recipient\***

Jane Doe - 0234567

John Smith - 0223344

**Next** **Cancel**

- 在“付款周期”(*Pay Period*)中，选择您要申报病假对应的付款周期  
*In the “Pay Period,” choose the pay period you wish to claim sick time for*
- 接下来，选择您因请假而无法提供服务的受照顾者  
*Next, choose which recipient you were unable to work for*
- 点击“下一步”(*Next*)  
*Click “Next”*

# 病假申请

## SICK LEAVE REQUEST

Jane Doe,  
Pay Period: 08/07/2025 – 07/15/2025  
Available Hours: 40(H) 00(M)  
Previously Claimed Hours: 00(H) 00(M)  
Status: New  
Status Date: 08/07/2025

**Sick Leave Claims**

Absence date*	Hours	Minutes	<input type="button" value="Delete"/>
07/06/2025	2	30	

Claimed Hours: 00(H) 00(M)

- 请以月/日/年格式输入您的病假日期  
*Enter the date of your sick leave in the month/day/year format*
  - 不可输入未来日 *You cannot enter a future date*
  - 不可输入非您所选付款周期内的日期 *You cannot enter a date that is not within the pay period you selected*
    - 若付款周期选择错误，点击“返回”(*Back*)按钮 *If the pay period is not correct, click the “Back” button*
- 任何病假申报的最低时长为1小时，申报的分钟数仅可填写00或30  
*You must enter a minimum of one hour for any sick leave absence. Minutes claimed can only be 00 or 30*
  - 仅当您的病假可用余额仅剩30分钟时，方可申报不足1小时的病假  
*You can only claim less than one hour if your available balance is at 30 minutes*

# 病假申请

SICK LEAVE REQUEST

- 若需在同一付款周期内添加更多病假时长，点击页面底部的“新增”(Add New)按钮

If you need to add more sick leave hours in the same pay period, click on the "Add New" button at the bottom

- 您可在“已申报时长”(*Claimed Hours*)中查看已申报的病假时长，并与“可用时长”(*Available Hours*)进行比对

You can review how many hours you've claim under "Claimed Hours" and compare them to your "Available Hours".

- 如需提交申请，点击“提交申报（*Submit Claim*）”

To submit, click on the "Submit Claim" button.

- 病假申报对应的款项将与常规双周工资款项分开发放 *A check for sick leave claims*

**工资款项项分开发放** A check for sick leave claims  
will be issued separately from the usual bi-weekly check

Jane Doe

Pay Period: 07/01/2025 – 07/15/2025

Available Hours: 40(H) 00(M)

Previously Claimed Hours: 00(H) 00(M)

Status: New

Status Date: 07/07/2025

**Sick Leave Claims**

**Sick Leave Claim 1**

Absence date*	Hours	Minutes
07/06/2025	2	30
<b>Delete</b>		

**Sick Leave Claim 2**

Absence date*	Hours	Minutes
MM/DD/YYYY	HH	MM
<b>Delete</b>		

Claimed Hours: 00(H) 00(M)

**Add New**

**Submit Claim**



# 恭喜

CONGRATULATIONS!



- 至此，您已掌握在*ESP*中设置与查看财务信息的方法。  
目前您可完成以下操作：  
*You now know how to set up and review financial information on the ESP. You can now:*
  - 签到与签退 *Check In and Out*
  - 理解考勤表核心要点 *Understand Timesheet Essentials*
  - 填写并提交考勤表 *Complete and Submit timesheets*
  - 提交病假申请 *Submit a Sick Leave Request*
- 如需更多资源，请访问IHSS提供商资源页面  
[cdss.ca.gov/inforesources/cdss-programs/ihss/ihss-provider-resources](http://cdss.ca.gov/inforesources/cdss-programs/ihss/ihss-provider-resources)  
*For more resources visit the IHSS Provider Resource page at*  
[cdss.ca.gov/inforesources/cdss-programs/ihss/ihss-provider-resources](http://cdss.ca.gov/inforesources/cdss-programs/ihss/ihss-provider-resources)

如果您对*ETS*或时间表有任何疑问或问题，  
请致电ETS帮助台：  
**(866) 376-7066, 选项1**

*If you have questions or issues with the ETS or timesheets, call the ETS Helpdesk:  
(866) 376-7066, Option 1*



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