

PROVIDER ELECTRONIC SERVICE PORTAL (ESP)

TIMESHEET

WHAT CAN YOU DO ON ESP?

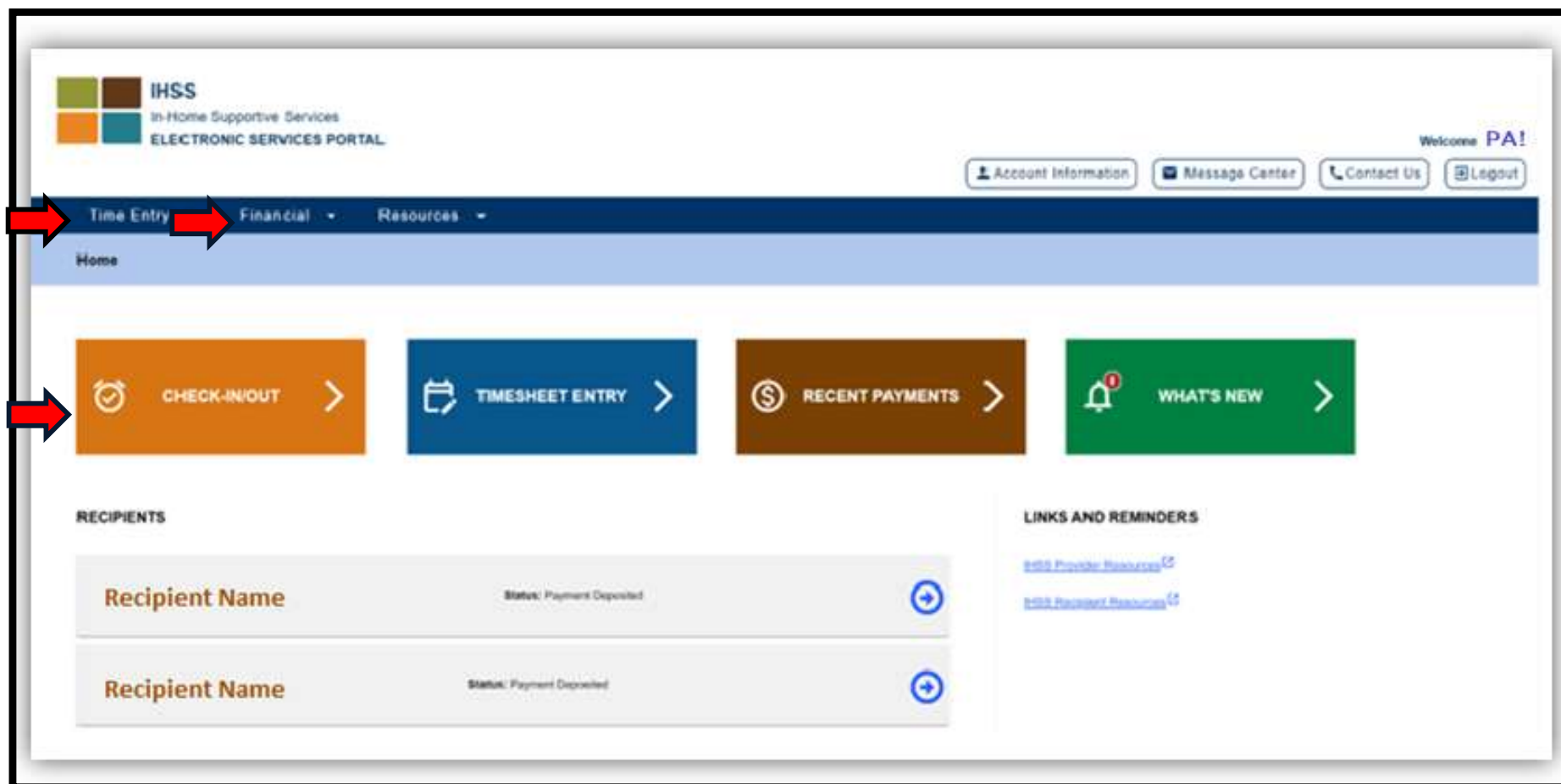
- *Check-In/Out*
- *Submit Timesheet*
- *Live-in Certification*
- *Payroll History*
- *Employment Verification*
- *Review Tax Documents*
- *Sick Leave Request*
- *Direct Deposit*
- *Update Your Contact Information*
- *Link to Resources*
- *Read Notifications About the ESP*

IN THIS COURSE:

- *By the end of this course, you will know how to:*
 - *Check In and Out*
 - *Timesheet Essentials*
 - *Timesheet Entry and Submission*
 - *Submit a Sick Leave Request*

The screenshot shows the IHSS Electronic Services Portal. The header features the IHSS logo (four colored squares) and the text "IHSS IN-HOME SUPPORTIVE SERVICES ELECTRONIC SERVICES PORTAL" next to a photo of a caregiver and an elderly woman. The main content area is divided into two columns. The left column, titled "Login to Your Account", contains fields for "User Name" (with a note "User Name is case sensitive") and "Password" (with a note "Password is case sensitive"), each with a text input box. Below the password field is a "Remember Me" checkbox and a "Show Password" checkbox. A link "Forgot User Name or Password?" is at the bottom. The right column, titled "Registration", lists benefits of registering: "View your timesheet and payment statuses", "Enter and submit timesheets", "No longer mail paper timesheets", "Request additional timesheets", "Enroll in direct deposit", and "Claim sick leave". A "Register Here" button is at the bottom, along with a link "Registration FAQs (PDF)" with an external link icon.

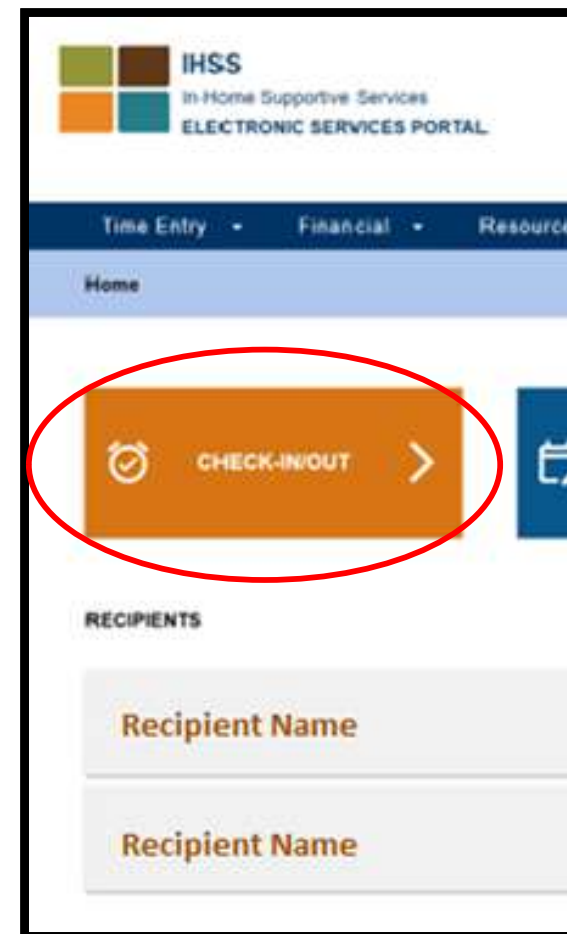
HOMEPAGE



- After you log in to your account, you will see the homepage
- In this course, we will take a detailed look at timesheets and other payment requests, and checking in/out for shifts

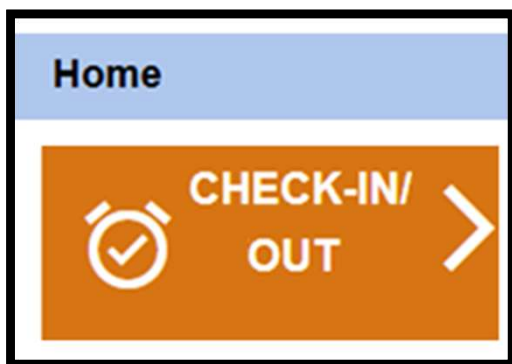
CHECK-IN/OUT (EVV)

- *Electronic Visit Verification (EVV) is a federal requirement. For more information about the EVV, visit:
cdss.ca.gov/inforesources/cdss-programs/ihss/evvhelp*
- *If you live with your recipient and completed the live-in certification, you can skip to “Timesheet Essentials” on page 12*
 - *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*
- *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*



CHECK-IN/OUT (EVV)

ESP (Website)



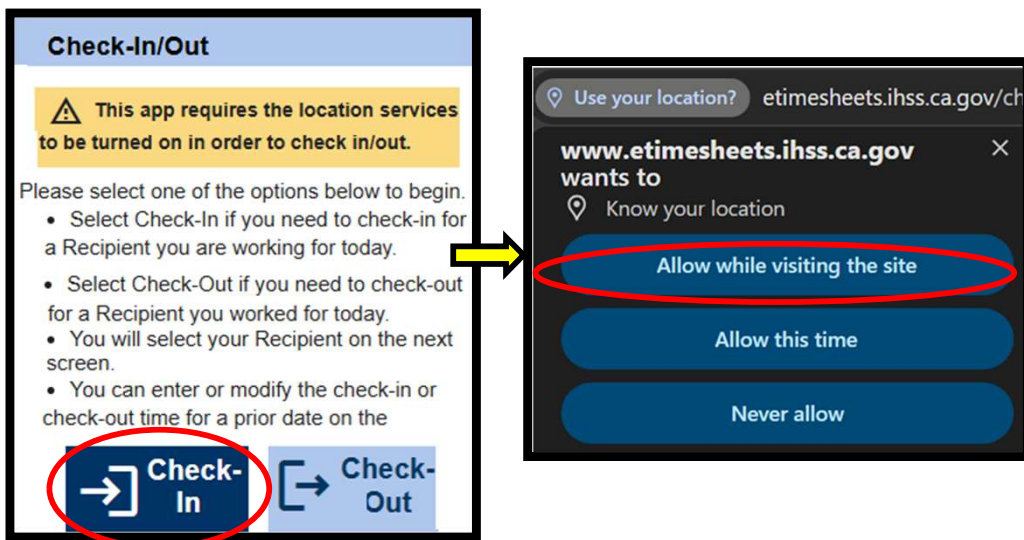
EVV (App)



- You can check in and out on the ESP or with the Electronic Visit Verification (EVV) app
 - On the ESP, click on the “Check-in/out” button
 - For the EVV app, you can download the “IHSS EVV Mobile App” on your mobile device
- You will only need to check in and out once daily per recipient
 - When you start the first task of the day, click on “Check-In”
 - When you finish the last task of the day, click on “Check-Out”
- The check-in/out function on the EVV app or the ESP will require location services to be turned on
 - Your geo-location will be tracked only when you check in and out

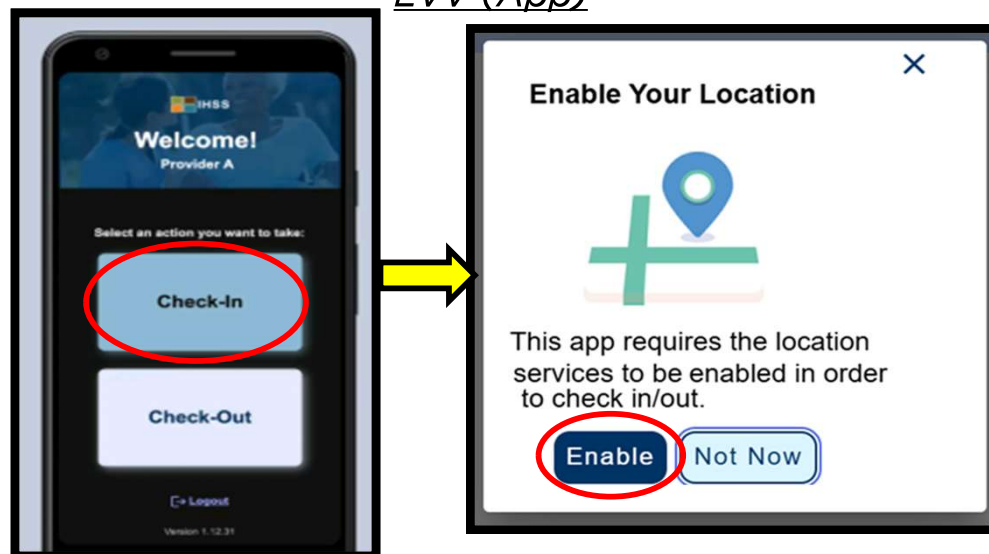
CHECK-IN/OUT (EVV)

ESP (Website)



- 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
- If you choose not to have your location tracked and choose “Never allow” or “Not Now” you will be returned to the previous page
 - You will not be able to check in/out with the ESP or mobile app if you do not enable location services
 - You can use the recipient’s landline telephone to check in and out through the Telephone Timesheet System

EVV (App)



CHECK-IN

ESP (Website)

← 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 (App)

Check-In

Select a Recipient to check-in

Jane Doe 0234567

John Smith 0223344

Location:

☒ Home

☐ Community

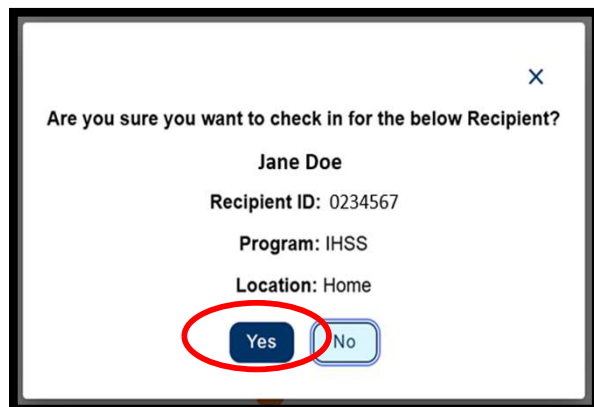
Check-In

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

- *Locate “Select Recipient” or “Select a Recipient to check-in,” click on the recipient’s name you wish to check in for*
- *Then, under “Select Location” or “Location,” you can choose:*
 - *“Home” if services are provided at the recipient’s house*
 - *“Community” if services are provided elsewhere in the community*
- *Then click “Check-In”*

CHECK-IN

ESP (Website)



Are you sure you want to check in for the below Recipient?

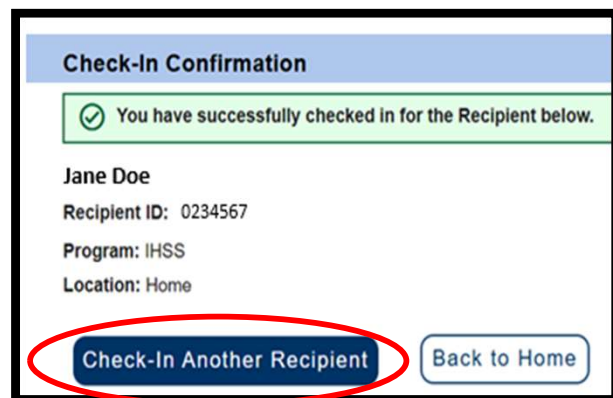
Jane Doe

Recipient ID: 0234567

Program: IHSS

Location: Home

Yes No

Check-In Confirmation

✓ You have successfully checked in for the Recipient below.

Jane Doe

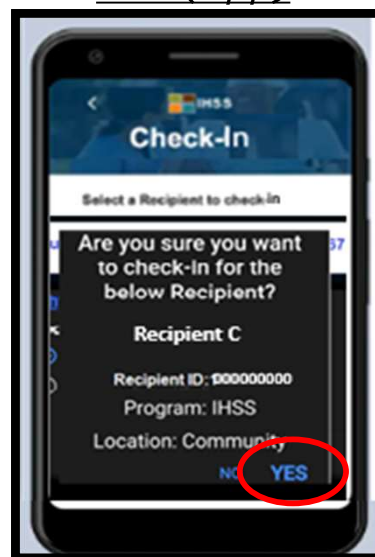
Recipient ID: 0234567

Program: IHSS

Location: Home

Check-In Another Recipient Back to Home

EVV (App)



Check-In

Select a Recipient to check in

Are you sure you want to check-in for the below Recipient?

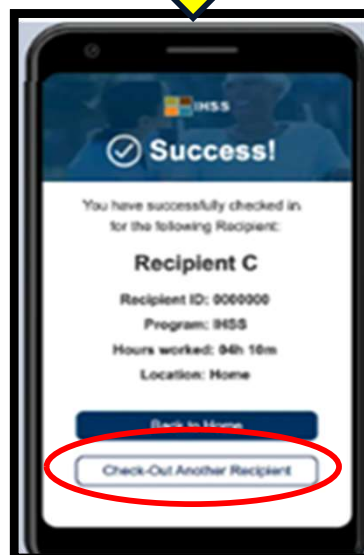
Recipient C

Recipient ID: 000000000

Program: IHSS

Location: Community

NO YES

✓ Success!

You have successfully checked in for the following Recipient:

Recipient C

Recipient ID: 0000000

Program: IHSS

Hours worked: 94h 16m

Location: Home

Back to Home

Check-Out Another Recipient

- Review the information to ensure it is correct
- Click “Yes” to finish the check-in process
- On the next screen, you will see a confirmation message that check-in has been completed
- If you need to check in for another recipient, click on “Check-In Another Recipient” and repeat the steps
- If you are done, you can click “Back to Home” or log out

CHECK-OUT

ESP (Website)

Check-In/Out

⚠ This app requires the location services to be turned on in order to check in/out.

Please select one of the options below to begin.

- Select Check-In if you need to check-in for a Recipient you are working for today.
- Select Check-Out if you need to check-out for a Recipient you worked for today.
- You will select your Recipient on the next screen.
- You can enter or modify the check-in or check-out time for a prior date on the

→ Check-In **← Check-Out**

EVV (App)

WHS
Welcome!
Provider A

Select an action you want to take:

Check-In

Check-Out

Logout

Version 1.12.31

- *When you finish the last task of the day, you can check out on the ESP or EVV app*
- *Click on the “Check-Out” button*

CHECK-OUT

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

- Find the recipient you want to check out for under “Select Recipient” or “Select a Recipient to Check-out”
- Then choose the “Location” or “Select Location” of check-out:
 - “Home” if the last services are provided at the recipient’s house
 - “Community” if the last services are provided elsewhere in the community
- Under “Hours Worked” or “Input hours worked,” enter the total hours and minutes you worked for the whole day
- Then click “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: 3 Minutes: 35

Check-Out Back

ESP (Website)

← IHSS

Check-Out

Select a Recipient to check-out:

Jane Doe 0234567

John Smith 0223344

Input hours worked:

Hours: 3 Minutes: 35

Location:

☒ Home

☐ Community

Check-Out

EVV (App)

CHECK-OUT

Are you sure you want to check out for the below Recipient?
Jane Doe
Recipient ID: 0234567
Program: IHSS
Hours Worked: 03(H) 35(M)
Location: Community

Yes No

ESP (Website)

Select a Recipient to check-out:
Are you sure you want to check-out for the below recipient?
Recipient ID
Program: IHSS
Hours Worked:
Location: Home

No Yes

Check-Out

EVV (App)

- Review the information to ensure it is correct
- Click “Yes” to finish the check-out process
- On the next screen, you will see a confirmation message that check-out has been completed
- If you need to check out for another recipient, click on “Check-Out Another Recipient” and repeat the steps
- If you are done, you can click “Back to Home” or log out

TIMESHEET ESSENTIALS (TE)



- *Before completing your timesheets, there are a few important basics you need to understand:*
 - *Being connected to a recipient's case*
 - *Monthly/Weekly hours*
 - *Share-of-Cost*
 - *Overtime*
 - *Travel Time*
 - *Violations*

TE: CONNECTING TO RECIPIENT

- *You must be connected to a recipient before you can fill out timesheets*
- *To be connected, the recipient can hire you from their ESP account, or form SOC 426A must be submitted to IHSS*
 - *The SOC 426A form is available by:*
 - *Going online to:*
cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2020/Q-T/SOC426A.pdf?ver=2023-05-31-160433-487
 - *Recipient calling IHSS or their social worker to have the form mailed to them*
 - *Picking up at the IHSS office*

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: WEEKLY/MONTHLY HOURS

- *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*
- *Form SOC 2271 will let you know:*
 - *If your recipient has a Share-of-Cost*
 - *How many hours your recipient is authorized for per month*
 - *What the maximum weekly hours are*
 - *Weekly hours are the monthly hours divided by 4*
 - *Workweeks begin at 12:00 a.m. on Sunday and ends at 11:59 p.m. the following Saturday*
 - *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

TE: SHARE-OF-COST

What is IHSS Share-of-Cost?

- 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
 - The recipient must pay a certain amount each month before Medi-Cal will pay for services like IHSS
- If your recipient has an SOC, it is their responsibility to pay you any SOC deducted from your paycheck
 - IHSS will not pay on behalf of the recipient for any SOC due to the provider

How do you know if your recipient has an SOC?

- Ask your recipient if they have an 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)

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

TE: SHARE-OF-COST

- *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*
- *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*
- *Any SOC deducted from a provider's paycheck is required to be paid personally by the recipient to the provider*
 - *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*

TE: SHARE-OF-COST

What are some examples of SOC expenses?

- *Paying for other medical services or goods*
- *Payment to pharmacy*
- *Payment when visiting a doctor's office*
- *Paying an IHSS provider*

For more information on SOC:

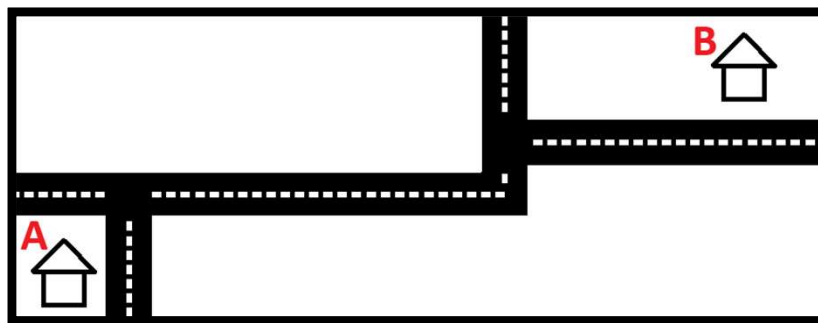
- *Contact your county IHSS Medi-Cal office or your county IHSS office*
- *Visit <https://www.cdss.ca.gov/inforesources/ihss/fact-sheets> and locate "Share-of-Cost"*

TE: OVERTIME



- *Over 40 hours worked in a workweek are overtime hours for that week*
 - *Make sure overtime is allowed for your recipient by checking the weekly maximum hours on the SOC 2271 form*
- *There is no separate timesheet to fill out for overtime. You will enter all the hours worked that week for each recipient*
 - *Remember, if you work for more than one recipient, you can only work a total of 66 hours between the recipients*
 - ▣ *Review the violations section to avoid getting a violation for not following the California Department of Social Services (CDSS) rule*

TE: TRAVEL TIME



What is travel time?

- *Providers may be eligible to be paid for travel time if they provide services for more than one recipient on the same day*
 - *If eligible, you can claim up to seven hours of travel time per workweek*
- *Travel time is calculated from the time a provider leaves one recipient's home or service location to travel directly to another*
- *To claim travel time, you must submit the IHSS Program Provider Workweek & Travel Time Agreement (SOC 2255) to IHSS*
 - *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: VIOLATIONS

What are violations?

- *A formal action taken by CDSS when program rules are broken*
- *Multiple violations may lead to suspension or termination*
 - *On the ESP, before submitting your timesheet, providers will receive a warning message if your timesheet may result in a violation*

What are some common violations?

- *Working overtime that is not authorized by IHSS*
- *Working over the recipient's maximum weekly hours or more than the monthly overtime hours*
- *Working more than 66 total hours in a workweek when working for more than one recipient*
- *Claiming more than 7 hours of travel time in a workweek*

TE: VIOLATIONS

What happens if you receive violation notices?

- *Depending on how many violations you have received:*
 - *1st 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*
 - *2nd notice: You can complete a one-time self-guided training on violation rules within 14 days for the violation to be erased*
 - *This training can only be completed once. To complete this training, contact your IHSS county office for more information*
 - *3rd notice: You will be suspended as an IHSS provider for 90 days*
 - *4th notice: You will be ineligible to work as an IHSS provider for one year*
 - *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: VIOLATIONS

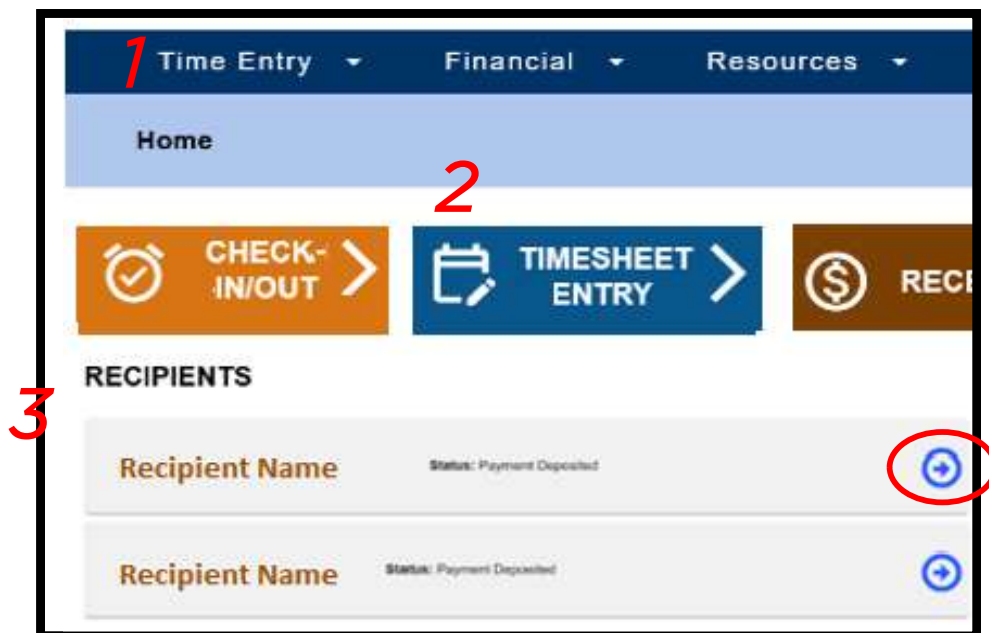
What if I believe there is an error, and want to dispute the violation?

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

Will the violations stay on my record?

- *Violations do not stay active permanently*
 - *If you do not receive another violation for a year, one violation will become inactive*
- *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*

TIMESHEET ENTRY



- Access your timesheet on the ESP by:
 - Clicking on “Time Entry”(1), a dropdown menu will appear, find “Timesheets,” and choose “Enter Time”
 - Clicking on the blue “Timesheet Entry” (2) button
 - 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

TIMESHEET ENTRY

- *Before you fill out your timesheet, check that the following information is correct:*
 - *Recipient's name*
 - *The “Pay Period - Payment Type” dates*
 - *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*

Jane Doe

Pay Period - Payment Type

Dec 16, 2024 - Dec 31, 2024 | I... ▼

Timesheet Number: 0123456789

Status: Time Entry in Progress

Status Date: 12/31/2024

Available Hours for December: 146(H) 05(M)

Workweek 1 ▼

Workweek 2 ▼

Workweek 3 ▲

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

LIVE-IN PROVIDER

Workweek 2

Sunday 17 Dec

Hours Minutes Start Time Start Location End Time End Location

00 00 09:57 AM Home 06:32 PM Home X

Monday 18 Dec

Hours Minutes Start Time Start Location End Time End Location

00 00 --:-- --:-- --:-- --:-- X

Tuesday 19 Dec

Hours Minutes Start Time Start Location End Time End Location

00 00 --:-- --:-- --:-- --:-- X

Wednesday 20 Dec

Hours Minutes Start Time Start Location End Time End Location

00 00 --:-- --:-- --:-- --:-- X

Thursday 21 Dec

Hours Minutes Start Time Start Location End Time End Location

00 00 --:-- --:-- --:-- --:-- X

Friday 22 Dec

Hours Minutes Start Time Start Location End Time End Location

00 00 --:-- --:-- --:-- --:-- X

Saturday 23 Dec

Hours Minutes Start Time Start Location End Time End Location

00 00 --:-- --:-- --:-- --:-- X

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

Workweek Total: 00(H) 00(M)

Save

Timesheet Total: 00(H) 00(M)

Submit Timesheet

NON-LIVE IN PROVIDER

- Your timesheet will look different depending on whether you are a live-in provider or not
- For providers who use EVV, most information is automatically recorded for you
 - You will still need to review the information and submit your timesheet for payment

TIMESHEET ENTRY: BASICS

1 **JANE DOE**

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

3 **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

Let's review some basic information on your timesheet

1. *At the top, you will see your recipient's name*
2. *The "Pay Period - Payment Type" shows the pay period you are currently reviewing*
3. *IHSS will automatically assign the "Timesheet Number"*

TIMESHEET ENTRY: BASICS

JANE DOE

Pay Period - Payment Type

Aug 1, 2025 - Aug 15, 2025 | IH... ▼

Timesheet Number: 00123456

4 Status: Time Entry in Progress

5 Status Date: 07/26/2025

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

Workweek 1 ▼

Workweek 2 ▼

Workweek 3 ▼

Timesheet Total: 00(H) 00(M)

Submit Timesheet

4. "Status" shows you the submission status of the pay period
5. "Status Date" shows you the last time you saved any entries
6. "Available hours for [Month]" tells you how many hours the recipient still has available
 - 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

TIMESHEET ENTRY: BASICS

7 **Workweek 1**

Sunday
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: 00 Minutes: 00

Saturday
Hours: 01 Minutes: 00

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

Workweek Total: 06(H) 00(M)

Save

7. Each “Workweek” will start on Sunday and end on Saturday

- The first pay period of the month begins on the 1st and ends on the 15th
- The second pay period begins the 16th and ends on the last day of the month

Reminder:

- Check your “Previously Claimed Hours” for the first week of each pay period, as it will be counted as part of the current workweek
- If the new pay period shares a workweek, you will see the total of both pay periods for that workweek under “Workweek Total”
 - Example: In the 2nd pay period of the previous month; you claimed 5 hours in workweek 3
 - The following month, under workweek 1, you worked 1 hour
 - The workweek total for the week is 6 hours, but you will only be paid 1 hour in this pay period for this workweek

TIMESHEET ENTRY: BASICS

8. *“Timesheet Total” displays the total hours claimed for the pay period*
 - *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. *Use the “Submit Timesheet” button when you are ready to submit your timesheet for your recipient to review*

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 ▼

8 Timesheet Total: 00(H) 00(M)
9 Submit Timesheet

TIMESHEET ENTRY: LIVE-IN

LIVE-IN PROVIDER

JANE DOE

Pay Period - Payment Type

Dec 16 2025 - Dec 31, 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 ▼

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

To review the timesheet information, expand each workweek

Because you do not use the EVV:

- *Expand the workweek to view the dates and start entering time*
- *Live-in providers will only need to enter the number of hours and minutes they worked each day*
 - *Click on the “00” under hours or minutes, delete the zeros, and enter your time*
- *To save the entry daily or the week, click on the “Save” button located at the end of each workweek*
 - *Do not click “Submit Timesheet” if you will work the rest of the pay period*

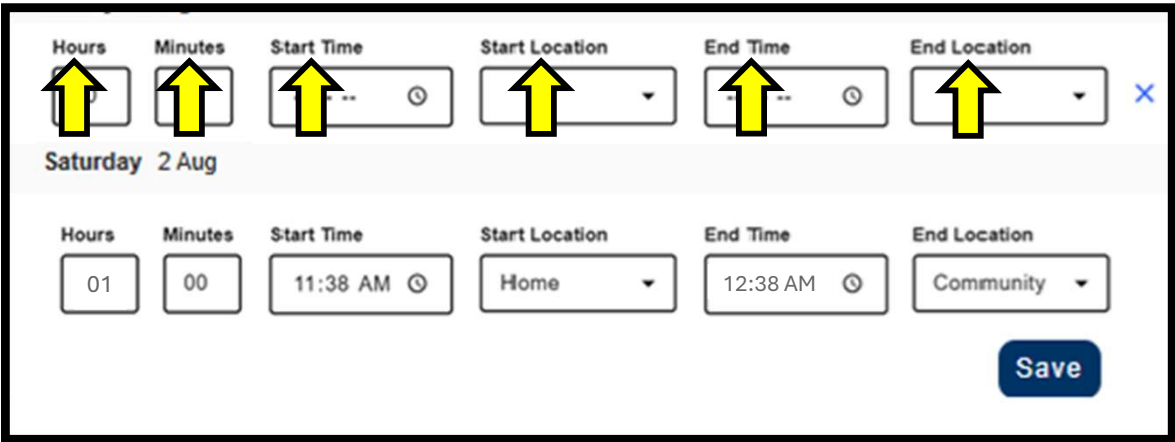
TIMESHEET ENTRY: LIVE-IN

Action Required

Did you live with Jane Doe between
Jun 16, 2025 and Jun 30, 2025?
Live-in Providers are not required
to check-in and out.

- 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*

TIMESHEET ENTRY: NON-LIVE IN PROVIDER



Hours Minutes Start Time Start Location End Time End Location

Saturday 2 Aug

Hours Minutes Start Time Start Location End Time End Location

01 00 11:38 AM Home 12:38 AM Community

Save

- *Non-live in providers will need to enter:*
 - Hours
 - Minutes
 - Start Time
 - Start Location
 - End Time
 - End Location
- *If you use the EVV check-in and out, the information will be pre-filled for you*

TIMESHEET ENTRY: NON-LIVE IN PROVIDER

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

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	Minutes	Start Time	Start Location	End Time	End Location
00	00	--:--		--:--	

Saturday 2 Aug

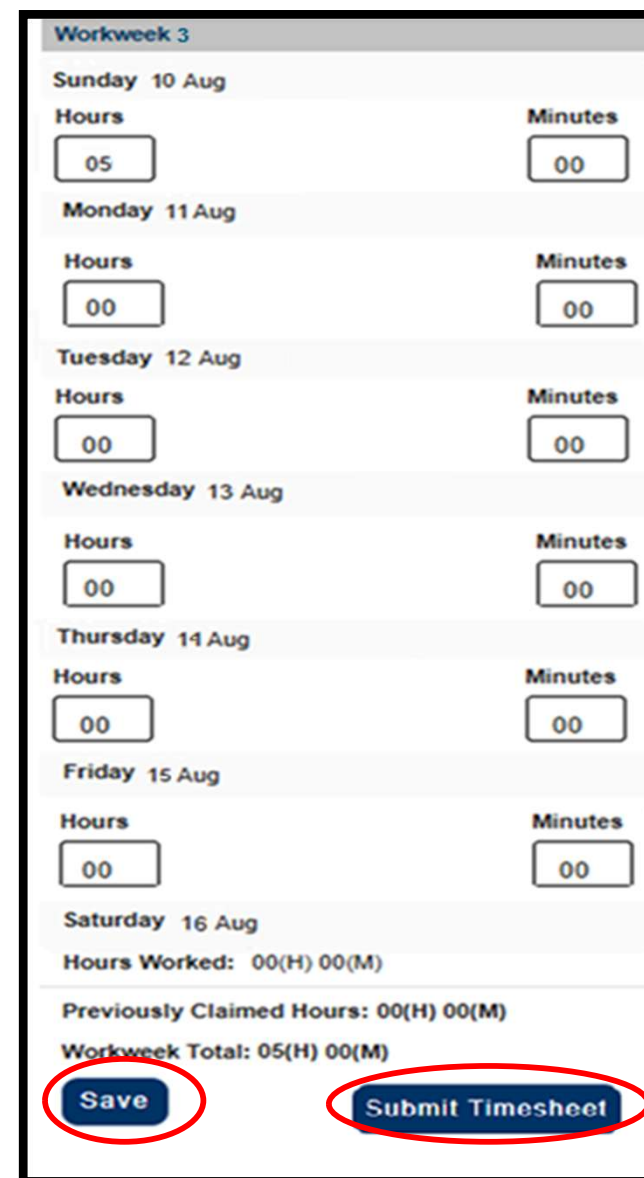
Hours	Minutes	Start Time	Start Location	End Time	End Location
01	00	11:38 AM	Home	12:38 AM	Community

Save

- *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*
- *Click on the workweek to expand the week*
 - *You cannot change hours already submitted through the ESP for previous pay periods that share the same workweek*
- *Click in the boxes to delete the "00," or incorrect times, to delete and add in the correct hours and minutes you worked*

TIMESHEET ENTRY: SUBMISSION

- *After you have entered the hours and minutes you worked, remember to click on the “Save” button*
 - *This will be also be helpful in seeing if there are any errors*
 - ▣ *For example, if you have gone over the weekly hours limit*
- *Do not submit your timesheet until you have reviewed and saved each workweek in the pay period*
- *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*



Workweek 3

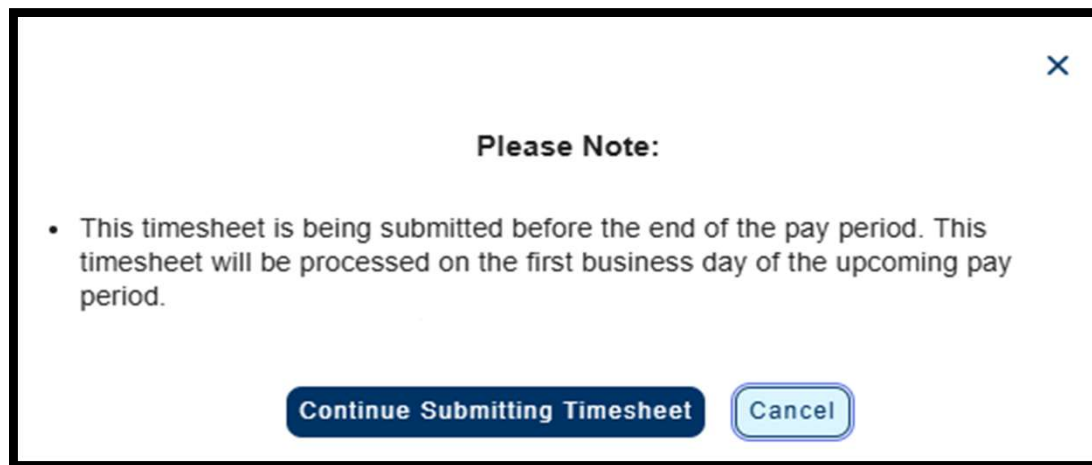
Day	Hours	Minutes
Sunday 10 Aug	05	00
Monday 11 Aug	00	00
Tuesday 12 Aug	00	00
Wednesday 13 Aug	00	00
Thursday 14 Aug	00	00
Friday 15 Aug	00	00
Saturday 16 Aug	Hours Worked: 00(H) 00(M)	

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

Workweek Total: 05(H) 00(M)

Save **Submit Timesheet**

TIMESHEET ENTRY: SUBMISSION



- *If you submit your timesheet and a message box is shown, read the information before continuing*
 - *The message box reminder could be due to:*
 - ▣ *Submitting a timesheet before the pay period end*
 - ▣ *Submitting time that will result in more than the recipient's authorized hours*
 - *Click “Cancel” if you want to go back to make changes, or “Continue Submitting Timesheets” if you do not want to make changes*

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

- *Read the “Timesheet Electronic Signature” terms*
- *Agree to the terms by clicking in the empty box*
- *To finish submitting your timesheet, click on the “Electronically Sign Timesheet & Submit for Recipient Review” button*
- *If you or your recipient’s preference for notification by email is turned on, an email will be sent when:*
 - *Timesheet is submitted*
 - *The recipient approves or denies the timesheet*
 - *Direct deposit amount information is ready*

SICK LEAVE REQUEST

- *When IHSS providers need to miss work, they can take paid sick leave for themselves or a family member when:*
 - *They have an illness*
 - *They have a medical appointment*
 - *They need relief, medical attention, services, or counseling when the provider is a victim of domestic violence, sexual assault, or stalking*
 - *They must take care of a family member who is sick or has a medical appointment*
- *Using your sick leave hours doesn't impact your recipient's weekly or monthly hours*

SICK LEAVE REQUEST

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

- *Paid sick leave is accrued yearly*
 - *To start building up sick leave hours, providers first need to work 100 hours after their initial hire date*
- *After a provider has accrued their sick leave hours, they cannot claim any until:*
 - *Provider works an additional 200 hours, or*
 - *Actively works for a period of 60 calendar days*
- *Sick time must be used by the end of each State Fiscal Year; June 30th*
 - *Unused paid sick leave expires. Sick leave hours reset on July 1st each year*

SICK LEAVE REQUEST

- *You can make a sick leave request by:*
 - *Submitting an electronic request through the ESP*
 - *Submitting the paper [SOC 2302](#) “IHSS Program Provider Sick Leave Request Form” to IHSS*
 - ▣ *The form is available on the CDSS website for you to print*
 - ▣ *A printed copy can be provided at your county IHSS office*

- *For more information on sick leave:*
 - *Visit cdss.ca.gov/inforesources/ihss-providers/resources/sick-leave*
 - *Call (866) 376-7066*
 - ▣ *IHSS Service Desk can answer questions about sick leave earnings, usage, and balance*
 - *This information can also be found on the ESP or your paystub*

SICK LEAVE REQUEST



Entering a Sick Leave Request through the ESP

- *Go to the “Time Entry” tab and select “Sick Leave Claim”*
- *You will see how many hours are available, and how many hours you have already claimed during the fiscal year*
- *Click the drop-down arrow for a list of pay periods you can make the claim for*

A screenshot of a web form titled 'Sick Leave Claim'. The form has a blue header bar with the title. Below the header, there is a paragraph of instructions. The main content area is divided into sections. The first section is 'Sick Leave Time', which contains a 'Current Fiscal Year - 2025/2026' label, 'Available Hours: 40(H) 00(M)', and 'Previously Claimed Hours: 00(H) 00(M)'. Below this is a 'Pay Period*' dropdown menu. At the bottom of the form are 'Next' and 'Cancel' buttons. Three yellow arrows are overlaid on the image: one points to the 'Available Hours' text, another points to the 'Previously Claimed Hours' text, and a third points to the dropdown arrow of the 'Pay Period' menu.

SICK LEAVE REQUEST

Pay Period*

Jul 1, 2025 - Jul 15, 2025

Jul 16, 2025 - Jul 31, 2025

Aug 1, 2025 - Aug 15, 2025

Pay Period*

Jul 1, 2025 - Jul 15, 2025

Recipient*

Jane Doe - 0234567

John Smith - 0223344

Next Cancel



- *In the “Pay Period,” choose the pay period you wish to claim sick time for*
- *Next, choose which recipient you were unable to work for*
- *Click “Next”*

SICK LEAVE REQUEST


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 

Claimed Hours: 00(H) 00(M)



- *Enter the date of your sick leave in the month/day/year format*
 - *You cannot enter a future date*
 - *You cannot enter a date that is not within the pay period you selected*
 - *If the pay period is not correct, click the “Back” button*
- *You must enter a minimum of one hour for any sick leave absence. Minutes claimed can only be 00 or 30*
 - *You can only claim less than one hour if your available balance is at 30 minutes*

SICK LEAVE REQUEST

- *If you need to add more sick leave hours in the same pay period, click on the “Add New” button at the bottom*
- *You can review how many hours you’ve claim under “Claimed Hours” and compare them to your “Available Hours”*
- *To submit, click on the “Submit Claim” button*
- *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* 07/06/2025 Hours 2 Minutes 30 Delete

Sick Leave Claim 2

Absence date* MM/DD/YYYY Hours HH Minutes MM Delete

Claimed Hours: 00(H) 00(M)

Add New

Submit Claim Back

CONGRATULATIONS



- *You now know how to set up and review financial information on the ESP. You can now:*
 - *Check In and Out*
 - *Understand Timesheet Essentials*
 - *Complete and Submit timesheets*
 - *Submit a Sick Leave Request*
- *For more resources visit the IHSS Provider Resource page at cdss.ca.gov/inforesources/cdss-programs/ihss/ihss-provider-resources*

If you have questions or issues with the ETS or timesheets, call the ETS Helpdesk:

(866) 376-7066, Option 1



PUBLIC AUTHORITY
SANTA CLARA COUNTY

Public Authority Services

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