# Employer of Record Time Sheet Transmittal Form

# Fax

| | | | |
|---|---|---|---|
| **To:** | The Arc of Oakland County, Inc. | **From:** | |
| **Fax:** | 248.816.3340 | **Pages:** | 1 of |
| **Phone:** | | **Date:** | |

| Employee Name | Total Hours Reported |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |

**Consumer:** _____

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