

**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:** \_\_\_\_\_

\_\_\_\_\_