



YOUR LIFE  
YOUR CARE  
YOUR PEOPLE

**Public Partnerships LLC**

PO Box 310, Binghamton, NY 13902

Fax: 1-844-244-4384

## Paper Timesheet Exception Form

**Consumer Name**

**PPL ID**

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**Designated Representative Name**

**PPL ID**

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**Personal Assistant Name**

**PPL ID**

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Due to (provide reason Paper Timesheet exception is needed):

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I request an exemption from electronic time submission. I agree to submit my hours via a paper timesheet. I understand that both the consumer and personal assistant will need to sign the paper timesheet before it is either faxed or mailed back to PPL.

I understand that all Personal Assistants providing CDPAP Service must meet a 90% Electronic Visit Verification compliance rating. Personal Assistants will not be exempt from this requirement until their Paper Timesheet Exception Form has been received and approved.

**Agree and sign:**

I confirm that I have read and agree to everything stated in this Form.

**Signature of Individual Submitting Request:**

**Date:**

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