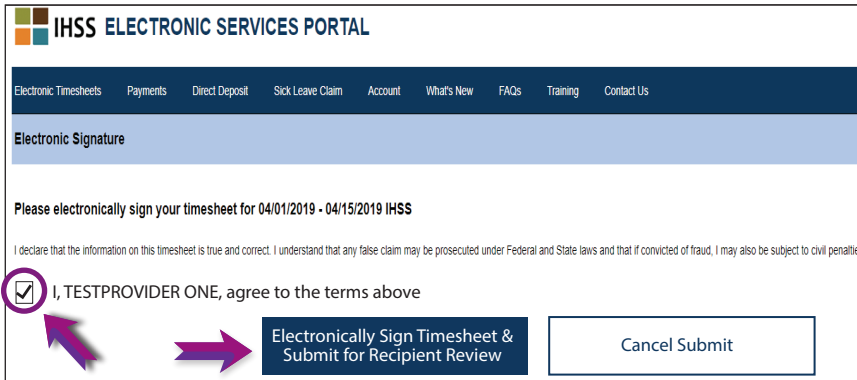




7. Select the checkbox to declare the information on the timesheet is true and correct. Then click the **Electronically Sign Timesheet & Submit for Recipient Review** button.



IHSS ELECTRONIC SERVICES PORTAL


Electronic Timesheets Payments Direct Deposit Sick Leave Claim Account What's New FAQs Training Contact Us

Electronic Signature

Please electronically sign your timesheet for 04/01/2019 - 04/15/2019 IHSS

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, TESTPROVIDER ONE, agree to the terms above

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

Electronic Visit Verification (EVV)

Electronic Services Portal (ESP)

HOW TO:

Enter Time and Submit E-Timesheets

If you need help, call the IHSS Service Desk at (866) 376-7066 Monday - Friday from 8 A.M. to 5 P.M.

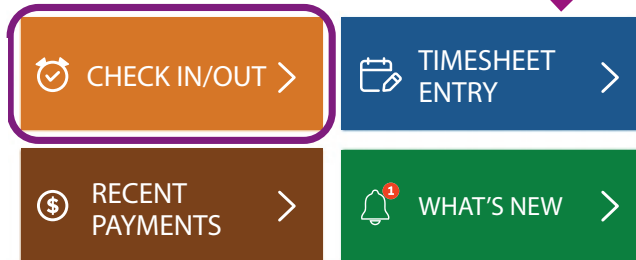
For additional information regarding time entry for providers, visit: www.cdss.ca.gov/inforesources/ESPhelp or <https://dps.lacounty.gov/en/senior-and-disabled/ihss/timesheets-verification.html>



How to Submit Timesheets on the ESP:

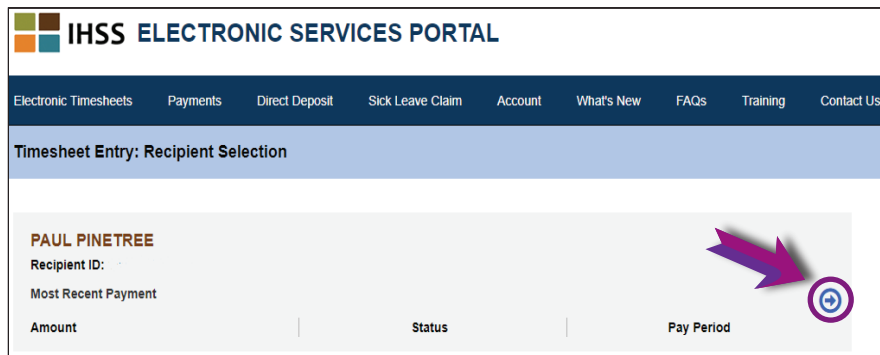
Access the ESP website at:
www.etimesheets.ihss.ca.gov

1. Log in to the ESP using your username and password.
2. Click on the **Timesheet Entry** button.

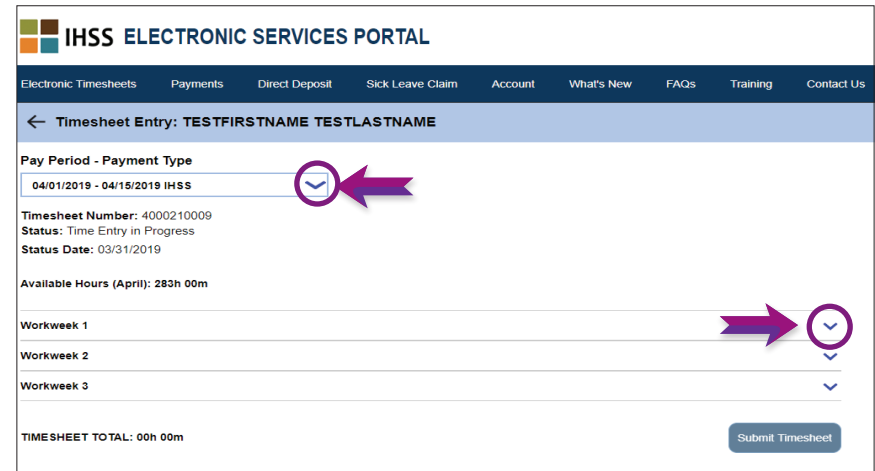


Note: Providers who **do not** live with the IHSS recipient will see the Check In/Out box.

3. A list of recipient(s) will display. Click on the **blue arrow** next to the name of the recipient for whom you want to enter time. If you work for multiple recipients, you will need to submit separate timesheets for each recipient.



4. Select the **Pay Period** from the drop-down menu that you want to claim time for. Click the blue arrow next to each **Workweek** to view and enter the time for each day you worked.



5. Providers **who live with** their recipient(s) will only need to enter Hours Worked. Providers who **do not live with** their recipient(s) will also need to enter Start Time, End Time, and Location for each day worked.

Fields should be left blank on days you do not work. Click **Save** for each workweek.

6. Click the **Submit Timesheet** button once your timesheet is ready to be approved by your recipient(s).

