

# SKIL FISCAL AGENT

AFFILIATED WITH SKIL RESOURCE CENTER

PO BOX 957 1801 MAIN PARSONS, KS 67357-0957 PH: 620-421-5502 FAX: 620-421-2096

**Please circle correct Waiver: FE, PAS, PD, TA, TBI  
SLEEP CYCLE SUPPORT: Yes or No**

**AUTHENTICARE CALL IN/OUT EXCEPTION FORM  
(ONLY USED FOR DAYS NOT CLOCKED IN/OUT)**

Employer Name: \_\_\_\_\_

DSW Name: \_\_\_\_\_

DSW ID Number: \_\_\_\_\_

DATE	Clock IN Time	Clock OUT Time	Activity Codes	Reason For Not Calling

Employee  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Employer  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Exceptions forms are due **NO** later than 5 days after the pay period ends: **The 5<sup>th</sup> & 20<sup>th</sup> of each month.** We suggest that you send them in weekly as well. A copy of this form can be found on the SKIL website allowing you to make copies.