

Make sure your timesheet is filled out completely and correctly. All entries must be printed neatly inside the boxes, without touching any border (see examples below). AM/PM bubbles must be filled completely. If letters or numbers are not within the boxes, or are not readable, payment may be delayed. Each shift worked must include Service Date, Time In with AM/PM, Time Out with AM/PM, and Service Code.

Fill circles like this:	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Not like this:	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>									
Fill boxes like this:	<table border="1"><tr><td>A</td><td>B</td><td>C</td><td>1</td><td>2</td><td>3</td></tr></table>	A	B	C	1	2	3	Not like this:	<table border="1"><tr><td>ABC</td><td>12</td><td>3</td></tr></table>	ABC	12	3
A	B	C	1	2	3							
ABC	12	3										

1. Employee Name. Print Employee's Name.

2. Employee ID. First seven digits of employee ID number.

3. Member Name. Print Member's Name.

4. Member ID. Seven-digit member ID number.

5. Sunday that Started this pay period. The date of the Sunday at the beginning of the pay period, in MM/DD/YY format. For example, if the first day of the week you worked was Tuesday, 11/15/16, then this would be **11/13/16**.

6. Service Date. The date services were provided, in MM/DD format.

7. Time In. The time your shift began, in HH:MM format. Choose AM or PM by filling in the correct bubble.

8. Time Out. The time your shift ended, in HH:MM format. Choose AM or PM by filling in the correct bubble.

9. Service Code. The code for the service you performed each shift. Choose service code by filling in the correct bubble.

10. Hospitalization. Answer "yes" if the member was in the hospital or any other institution during this week and explain.

11. Employee Signature.

13. Member Signature.

Employee Name (Please Print)		Employee ID		Member Name (Please Print)		Member ID	
1		2		3		4	
Service Date (MM/DD)	Time In	Time Out	Service Code		5 Sunday that started this work week. MM / DD / YY		
6	7	8	9				
2			PCA		VARESPITE		
3			VAPCA		TRAINING		
4			PCA		VARESPITE		
5			VAPCA		TRAINING		
6			PCA		VARESPITE		
7			VAPCA		TRAINING		
8			PCA		VARESPITE		
9			VAPCA		TRAINING		
10			PCA		VARESPITE		
11			VAPCA		TRAINING		
12			PCA		VARESPITE		
Was the Member in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at any time during this week? <input type="radio"/> Yes <input type="radio"/> No Explain: 10							
I certify that the hours and services indicated above were provided to the Member by the Employee as recorded. The Member was NOT in a hospital, nursing home, or institution. Falsification of this timesheet is considered fraud and may result in dismissal from the program and/or criminal prosecution.				Employee Signature		Date (MM/DD/YY)	
				11		12	
				Member/PR Signature		Date (MM/DD/YY)	
				13		14	
Drop Off: 100 Consumer Direct Way Ste 145 Missoula, MT 59808 28012 Fax: 1-855-486-7246 Email: edmitts@consumerdirectcare.com							

12. Employee Signature Date. In MM/DD/YY format. This must be on or after the last day worked

14. Member Signature Date. In MM/DD/YY format. This must be on or after the last day worked