

# Training TIMESHEET



For the week of service, timesheets are due the following Monday by Midnight. You may fax, drop off, or email your timesheets. Mail is discouraged as it can not guarantee timely pay. Timesheets are due every week. Due to the timing of the payroll cycle, late timesheets will result in late pay. Timesheets must be signed AFTER all work is completed. Advance timesheets will not be accepted.

**Sunday that started this work week.**

	/		/	
MM		DD		YY

**Please see back for instructions.**

Training time is used for all In-Service Trainings, training with another paid CDMT caregiver during SOCSUP, HOMEMAKER, RESPITE, VAPCA, or Private Pay (PCA).

Employee Name (Please Print)	Employee ID	Member Name (Please Print)	Member ID

Service Date (MM/DD)	Shift Start (hh:mm)	Shift End (hh:mm)	Service Code
1     /	:     <input type="radio"/> AM <input type="radio"/> PM	:     <input type="radio"/> AM <input type="radio"/> PM	
2     /	:     <input type="radio"/> AM <input type="radio"/> PM	:     <input type="radio"/> AM <input type="radio"/> PM	
3     /	:     <input type="radio"/> AM <input type="radio"/> PM	:     <input type="radio"/> AM <input type="radio"/> PM	
4     /	:     <input type="radio"/> AM <input type="radio"/> PM	:     <input type="radio"/> AM <input type="radio"/> PM	
5     /	:     <input type="radio"/> AM <input type="radio"/> PM	:     <input type="radio"/> AM <input type="radio"/> PM	
6     /	:     <input type="radio"/> AM <input type="radio"/> PM	:     <input type="radio"/> AM <input type="radio"/> PM	
7     /	:     <input type="radio"/> AM <input type="radio"/> PM	:     <input type="radio"/> AM <input type="radio"/> PM	

Was the Member in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at **any time** during this week?

Yes

**Explain:**

**Comments:** Please document what type of training was completed and include the line number to correspond.

<p>I certify that the hours, services, and tasks indicated above were provided to the Member by the Employee as recorded. The Member was NOT in a hospital, nursing home, or institution. False information or misrepresentation constitutes Medicaid fraud and may result in dismissal from the program and/or criminal prosecution.</p>	<p><b>Employee Signature</b></p> <hr style="border: 0.5px solid black;"/>	<p><b>Date (MM/DD/YY)</b></p>     /     /
	<p><b>Member/PR Signature</b></p> <hr style="border: 0.5px solid black;"/>	<p><b>Date (MM/DD/YY)</b></p>     /     /
	<p><b>Provider Representative Signature</b></p> <hr style="border: 0.5px solid black;"/>	<p><b>Date (MM/DD/YY)</b></p>     /     /

