

TIME SHEET INSTRUCTIONS

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 Task(s) completed that shift.

Fill circles like this: ● ● ● ● **Not like this:** ○ ⊗ ⊛

Fill boxes like this:

A	B	C	1	2	3
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Not like this:

ABC	12	3
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1. **Employee Name.** Print Employee's name.
2. **Employee ID.** First seven digits of employee ID number.
3. **Client Name.** Print Client's name.
4. **Client ID.** Seven digit Client ID number.
5. **Sunday that Started your work week.** The date of the Sunday at the beginning of the work week, in MM/DD/YY format. For example, if the first day of the week you worked was Tuesday, 05/17/16, then this would be **05/15/16**.
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 circle.
8. **Time Out.** The time your shift ended, in **HH:MM** format. Choose **AM** or **PM** by filling in the correct circle.
9. **Service Code.** The code for the service you performed this shift. Start your code in the **FIRST** box. Leave any extra boxes empty.
10. **Case Notes.** Indicate the client's response to care and identify any changes. Explain as necessary.
11. **Employee Signature.**
12. **Client Signature.**



Alaska Private Pay Timesheet

For the week of service, timesheets are due the following Monday by midnight if faxed or dropped off, and postmarked by Monday if mailed. 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 completed. Advance timesheets will not be accepted.



5 / /

Employee Name (Please Print)	Employee ID	Client Name (Please Print)	Client ID
1	2	3	4

Service Date (MM/DD)	Time In	Time Out	Service Code
6 / /	7 : : ○ AM ○ PM	8 : : ○ AM ○ PM	9
2 / /	: : ○ AM ○ PM	: : ○ AM ○ PM	
3 / /	: : ○ AM ○ PM	: : ○ AM ○ PM	
4 / /	: : ○ AM ○ PM	: : ○ AM ○ PM	
5 / /	: : ○ AM ○ PM	: : ○ AM ○ PM	
6 / /	: : ○ AM ○ PM	: : ○ AM ○ PM	
7 / /	: : ○ AM ○ PM	: : ○ AM ○ PM	
8 / /	: : ○ AM ○ PM	: : ○ AM ○ PM	
9 / /	: : ○ AM ○ PM	: : ○ AM ○ PM	
10 / /	: : ○ AM ○ PM	: : ○ AM ○ PM	

10. **Case Notes:**

Circle the client's response to the care or service you provided:
 Good Average Poor

Identify any change, improvement, or decline in the client's health, safety, or welfare - including changes in physical or mental conditions:
 No change occurred.
 Change occurred (describe change below).

Service Codes	
PCA	PCA
Chore	CHORE
Respite	RESPITE

I certify that the hours, services, and tasks indicated above were provided to the Client by the Employee as recorded. The Client 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.

11. **Employee Signature** Date (MM/DD/YY) 13 / /

12. **Client/Representative Signature** Date (MM/DD/YY) 14 / /

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13. **Employee Signature Date.** In MM/DD/YY format. This must be **on or after** the last day worked and filled in by the employee at the time of signing.
14. **Client Signature Date.** In MM/DD/YY format. This must be **on or after** the last day worked and filled in by the client at the time of signing.