

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: <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Not like this: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>												
Fill boxes like this: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px 5px;">A</td><td style="padding: 2px 5px;">B</td><td style="padding: 2px 5px;">C</td><td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">3</td></tr></table>	A	B	C	1	2	3	Not like this: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px 5px;">A</td><td style="padding: 2px 5px;">B</td><td style="padding: 2px 5px;">C</td><td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">3</td></tr></table>	A	B	C	1	2	3
A	B	C	1	2	3								
A	B	C	1	2	3								

- 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.

Alaska
Respite 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 is completed. Advance timesheets will not be accepted.

Employee Name (Please Print)	Employee ID	Client Name (Please Print)	Client ID
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5 / /

Service Date (MM/DD)	Time In	Time Out	Service Code	Tasks
6 / /	7 : : <input type="radio"/> AM <input type="radio"/> PM	8 : : <input type="radio"/> AM <input type="radio"/> PM	9	10 <input type="radio"/> CM <input type="radio"/> PC <input type="radio"/> MD
2 / /	: : <input type="radio"/> AM <input type="radio"/> PM	: : <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
3 / /	: : <input type="radio"/> AM <input type="radio"/> PM	: : <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
4 / /	: : <input type="radio"/> AM <input type="radio"/> PM	: : <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
5 / /	: : <input type="radio"/> AM <input type="radio"/> PM	: : <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
6 / /	: : <input type="radio"/> AM <input type="radio"/> PM	: : <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
7 / /	: : <input type="radio"/> AM <input type="radio"/> PM	: : <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
8 / /	: : <input type="radio"/> AM <input type="radio"/> PM	: : <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
9 / /	: : <input type="radio"/> AM <input type="radio"/> PM	: : <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
10 / /	: : <input type="radio"/> AM <input type="radio"/> PM	: : <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

Case Notes:

11 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).

Task Key:

SS = Support/Supervision
 CM = Companionship
 PC = Personal Care
 MD = Medications

Service Codes	
Hourly Respite	\$5150
Daily Respite	\$5151

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.

12 Employee Signature

13 Client/Representative Signature

Date (MM/DD/YY)

14 / /

Date (MM/DD/YY)

15 / /

Rev 6/16	615 E 2nd Ave, Ste. 101 Anchorage, AK 99518 Phone: 1-888-966-8777 Fax: (907) 677-8777	126 Pioneer Ave, Ste. 5 Homer, AK 99603 Phone: (907) 226-1157 Fax: (907) 226-1159	412 Frontage Road, #40 Kenai, AK 99611 Phone: 1-877-532-8540 Fax: 1-877-532-8541	344 Front St, Ste. A Ketchikan, AK 99901 Phone: 1-877-270-9581 Fax: 1-877-454-7248	104 IB Mill Bay Road Kodiak, AK 99615 Phone: (907) 481-3070 Fax: (907) 481-3071	11 E. Swanson Ave, Ste. 1 Wasilla, AK 99654 Phone: 1-888-900-7962 Fax: 1-866-495-7963
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- 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. Tasks.** Choose which task(s) you completed for this shift by filling in the correct circle(s). Fill in as many as needed. Tasks correspond across from the shift worked.
- 11. Case Notes.** Indicate the client's response to care and identify any change in health, safety or welfare. Explain as necessary.
- 12. Employee Signature.**
- 13. Client Signature.**

- 14. 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.
- 15. 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.