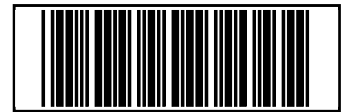


# Alaska Respite Timesheet



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.

Sunday that started your work week  
 /  /

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

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

<p><b>Case Notes:</b>          Indicate the client's response to the care or service you provided:  <input type="checkbox"/> Good    <input type="checkbox"/> Average    <input type="checkbox"/> Poor</p> <p>Identify any change, improvement, or decline in the client's health, safety, or welfare - including changes in physical or mental conditions:  <input type="checkbox"/> No change occurred.  <input type="checkbox"/> Change occurred (describe change below).</p>	<p><b>Task Key:</b>          SS = Support/Supervision          CM = Companionship          PC = Personal Care</p> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th colspan="2">Service Codes</th> </tr> </thead> <tbody> <tr> <td>Hourly Respite</td> <td>S5150</td> </tr> <tr> <td>Daily Respite</td> <td>S5151</td> </tr> </tbody> </table>	Service Codes		Hourly Respite	S5150	Daily Respite	S5151
Service Codes							
Hourly Respite	S5150						
Daily Respite	S5151						

<p>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.</p>	<p><b>Employee Signature</b>          _____</p> <p><b>Client/Representative Signature</b>          _____</p>	<p><b>Date (MM/DD/YY)</b>  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><b>Date (MM/DD/YY)</b>  <input type="text"/> / <input type="text"/> / <input type="text"/></p>
---	--	---



# Timesheet Instructions

These items must be completed for your timesheet to be processed:

- **Employee Name**
- **Employee ID (first 7 digits)**
- **Client Name**
- **Client ID (7 digits)**
- **Case Notes**
- **Employee Signature & Date**
  - Must be dated on or after the last day worked and filled in by the employee at the time of signing.
- **Client Signature & Date**
  - Must be dated on or after the last day worked and filled in by the client at the time of signing.


Each line of time must include:


- Service Date
- Time In
- Time Out
- Service Code
- Task(s) Worked

Make sure your timesheet is filled out completely and correctly, with all entries made neatly inside the boxes. Payment may be delayed if letters or numbers are not printed neatly inside the boxes **WITHOUT** touching any lines, or are not readable.

Please continue on a second timesheet if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.

For best results use **BLACK** ink

Shade circles completely, like this: 

Not like this: 

Fill boxes like this: 

A	B	C	1	2	3
---	---	---	---	---	---


Not like this: 

A	B	C	1	2	3
---	---	---	---	---	---

## Making Corrections


Cross out the incorrect line and rewrite the information on the next blank line like this:

9	<del>03/2</del>		:		<input type="radio"/> AM		:		<input type="radio"/> AM
			:		<input type="radio"/> PM		:		<input type="radio"/> PM
10	04/01	02	:	15	<input type="radio"/> AM		:	05	15 <input checked="" type="radio"/> PM



**Do not** write over the top of incorrect information like this:

1	04/04	09	:	00	<input type="radio"/> AM		:	11	00 <input checked="" type="radio"/> PM
			:		<input checked="" type="radio"/> PM		:		<input type="radio"/> PM
2	04/04	04	:	00	<input type="radio"/> AM		:	11	30 <input checked="" type="radio"/> PM
			:		<input checked="" type="radio"/> PM		:		<input type="radio"/> PM



*Back page is for information only. Please do not submit it with your timesheet.*

