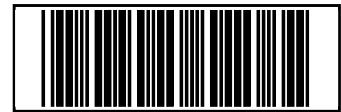


Alaska Training Timesheet



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 training is completed. Advance timesheets will not be accepted.

Sunday that started your work week

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

	Service Date (MM/DD)	Time In	Time Out	Training Type: Service Code: TRAIN		
				Mda	IBH	MDT
1	/	: <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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
11	/	: <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"/>
12	/	: <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"/>
13	/	: <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"/>

Training Type Key:

Mda = Medication Administration

IBH = Intro to BH

MDT = MANDT

I certify that the training type and hours indicated above were provided to the Employee as recorded. False information or misrepresentation constitutes Medicaid fraud and may result in dismissal from the program and/or criminal prosecution.

Employee Signature

Date (MM/DD/YY)

Consumer Direct Care Network Representative Signature

Date (MM/DD/YY)



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)**
- **Employee Signature & Date**
 - Must be dated on or after the last day worked and filled out by the employee at the time of signing.
- **Consumer Direct Care Network Representative Signature & Date**
 - Must be dated on or after the last day worked and filled out by the CDCN representative at the time of signing.

Each line of time must include:




- Service Date
- Time In
- Time Out
- Training Type

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	03/2		:		<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		:	15	<input checked="" type="radio"/> PM
					<input checked="" type="radio"/> PM				<input type="radio"/> AM



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

1	09/09	09	:	00	<input type="radio"/> AM		:	00	<input checked="" type="radio"/> PM
					<input checked="" type="radio"/> PM				<input type="radio"/> AM
2	04/02	04	:	00	<input type="radio"/> AM		:	30	<input checked="" type="radio"/> PM
					<input checked="" type="radio"/> PM				<input type="radio"/> AM



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