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, Service Code, and Task(s) completed that shift.

Fill circles like this: ● ● ● ● **Not like this:** ✓ ✗ ✎

Fill boxes like this: A B C 1 2 3 **Not like this:** ABC 123

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, 06/06/17, then this would be **06/04/17**.

6. Service Date. The date services were provided, in MM/DD format.

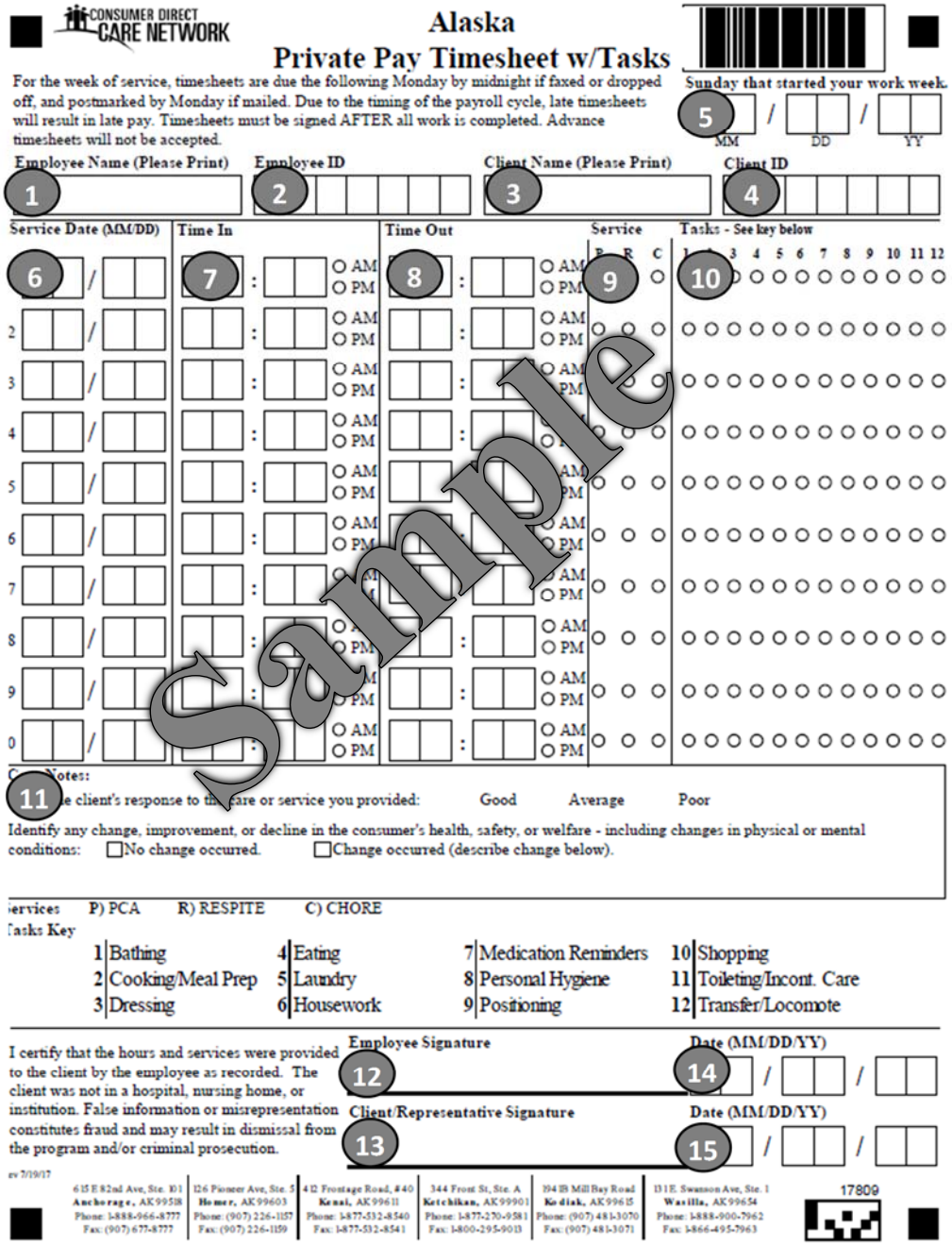
7. Time In. The time your shift began, in **HH:MM** format. Choose **AM** or **PM** by filling in the correct circle.

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. Fill in one circle for the service you worked. Refer to the key below the Case Notes.

10. Tasks. Choose which task(s) you completed 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.


CONSUMER DIRECT CARE NETWORK

Alaska
Private Pay Timesheet w/Tasks

For the week of service, timesheets are due the following Monday by midnight if faxed or dropped off, and postmarked by Monday if mailed. 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. 5 MM / DD / YY

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

Service Date (MM/DD) 6 | Time In 7 | Time Out 8 | Service 9 (P R C) | Tasks - See key below 10 (1 2 3 4 5 6 7 8 9 10 11 12)

Sample

Case Notes: 11
client's response to the care or service you provided: Good Average Poor
Identify any change, improvement, or decline in the consumer's health, safety, or welfare - including changes in physical or mental conditions: ☐No change occurred. ☐Change occurred (describe change below).

Services P) PCA R) RESPITE C) CHORE
Tasks Key
1 Bathing 2 Cooking/Meal Prep 3 Dressing 4 Eating 5 Laundry 6 Housework 7 Medication Reminders 8 Personal Hygiene 9 Positioning 10 Shopping 11 Toileting/Incont. Care 12 Transfer/Locomote

I certify that the hours and services 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 fraud and may result in dismissal from the program and/or criminal prosecution.

Employee Signature 12 | Date (MM/DD/YY) 14
Client/Representative Signature 13 | Date (MM/DD/YY) 15

rev 7/19/17

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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.