



For the week of service, timesheets are due the following Monday by 5:00pm 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

MM	DD	YY
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Employee Name (Please Print)

Employee ID

Client Name (Please Print)

Client ID

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Service Codes: CFC = S5125 SE PCS = T1019 U3

Key: S = Supervision and cueing (available under CFC only)

Service Date	Time In	Time Out	Service	Shift #	1	2	3	4																																																																																																																		
Month (MM) Day (DD)	Hour (HH) Min (MM)	Hour (HH) Min (MM)																																																																																																																								
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2			PCS																																																																																																																							
3			Tasks	S																																																																																																																						
4			Positioning																																																																																																																							
			PROM																																																																																																																							
			Transfer																																																																																																																							
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			Shopping																																																																																																																							
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			Medication																																																																																																																							
<p>Case Notes One note required per shift. Mark the box that best describes the client's response to the care or service(s) you provided. Key: G = Good A = Average P = Poor</p> <table border="1"> <thead> <tr> <th>Shift#</th> <th>G</th> <th>A</th> <th>P</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Shift#	G	A	P	1				2				3				4				<p>FVV Codes: If you are using a client's fob to electronically check in/out of a shift, you must press the button on the fob and mark down the eight-digit FVV code below.</p> <table border="1"> <thead> <tr> <th>Shift#</th> <th>In</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Out</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Out</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Out</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Out</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Shift#	In									1											Out									2											Out									3											Out									4											Out									<p>EVV Comments: If you are unable to electronically check in/out of a shift, you must provide a <u>clear</u> explanation below. You should not miss a check in/out often.</p>				
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I certify that the hours and services recorded on this timesheet were provided to the client by the employee; that the client was not in a hospital, nursing home, or institution when services were provided; and that original entries for each recorded shift, including associated entries on any related service documents, were completed within 14 days of the date on which each shift ended. I understand that submitting false or misleading service documentation is considered Medicaid fraud and may result in dismissal, criminal prosecution, and/or other penalties.

Employee Signature

Date (MM/DD/YY)

Client/Representative Signature

Date (MM/DD/YY)

