



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

MM	DD	YY
----	----	----

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

Service Codes: PCS = VAPCA Respite = VARESPITE

Service Date Month (MM) Day (DD)	Time In Hour (HH) Min (MM)	Time Out Hour (HH) Min (MM)	Service	Shift #	1	2	3	4	5	6	7
					<div> <div> <div>1</div> <div>MM</div> <div>DD</div> </div> <div> <div>2</div> <div>MM</div> <div>DD</div> </div> </div> <div> <div>3</div> <div>HH</div> <div>MM</div> <div>AM/PM</div> </div>						

*Shopping and/or escort may be completed up to twice a month.
 **Supervision may be completed as part of respite only.

Describe any change, improvement, or decline in the client's health, safety, or welfare, including any change in physical or mental condition:

I certify that the hours and services recorded on this timesheet were provided to the client by the employee and that the client was not in a hospital, nursing home, or institution when services were provided. I understand that submitting false or misleading service documentation is considered 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)

