



Michigan Rehabilitation TIMESHEET – Time In / Time Out

Caregiver: Please fill in completely. Keep a copy for yourself. The ExpertCare copy of the completed time card **must be received** in our office by 8:00 am on Monday, **regardless of a holiday**. Failure to turn in your timesheet by the deadline will result in delay of pay until the next pay date. I understand as a condition of my employment, I must adhere to the scheduled hours allocated to the consumer for whom I provide care. In the event a budget is modified, ExpertCare Management Services is the only party that can authorize a change in your employee work schedule. Violation of this policy will result in disciplinary action up to and including termination.

| Week Ending | Consumer (Please Print) | Caregiver (Please Print) |
|-------------|-------------------------|--------------------------|
| | | |

| | Mon | Tues | Wed | Thur | Fri | Total Hours |
|--------------------|-------|-------|-------|-------|-------|-------------|
| Date | | | | | | |
| Time In | | | | | | |
| | AM PM | AM PM | AM PM | AM PM | AM PM | |
| Time Out | | | | | | |
| | AM PM | AM PM | AM PM | AM PM | AM PM | |
| Total Hours | | | | | | |

| Check Appropriate Box of Service Provided | Mon | Tues | Wed | Thurs | Fri |
|---|-----|------|-----|-------|-----|
| Eating/Meal Assistance | | | | | |
| Toileting | | | | | |
| Dressing/Grooming | | | | | |
| Transferring | | | | | |
| Mobility | | | | | |

I attest, under the penalty of perjury, I have worked the hours declared above and they are true and correct. Signatures are not to be copied from a previous timesheet and must be the original signatures. Clients, by signing this timesheet you attest that all information is accurate. No whiteout or pre-signed timesheets will be accepted.

Caregiver's Signature: _____ **Title:** _____ **Date:** _____

Last 4 digits of social security: _____

Authorized Consumer Signature : _____ **Date:** _____

Printed Name of Authorized Signer: _____