I understand that ExpertCare Management Services, as my employer, is the only party that can authorize a change in my scheduled hours. **Caregiver:** Timesheets **must be completed and received by 8:00am on Monday, regardless of a holiday**. Failure to turn in your timesheet by the deadline will delay pay until the next pay date. Keep a copy of your timesheet for your records. **I attest, under the penalty of perjury, I have worked the hours declared below and they are true, correct and compliant with Federal and State Funds.** Timesheets that are pre-signed, with whiteout, or have copied signatures will not be accepted. **Consumers**: by signing you attest that all information is accurate.

ARC Group Timesheet – Section 2 of 2

Week Ending _____/_____/_____ **Consumer Name:**_____ **Case #:**_____

Employee Name Social Security Number (last 4 digits)	Hours Worked	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	**Total Week Hours**		
		Date	Date	Date	Date	Date	Date	Date	CLS	RESPITE	Per Diem
Name	CLS Time In										
	CLS-Time Out										
	CLS-Total										
	Respite Time In										
	Respite Time Out								Employee Signature		
	Respite Total										
	Per Diem In								Date		
Last 4	Per Diem Out										
	Per Diem Total										
Name	CLS Time In										
	CLS-Time Out										
	CLS-Total										
	Respite Time In										
	Respite Time Out								Employee Signature		
	Respite Total										
	Per Diem In								Date		
	Per Diem Out										
Last 4	**Per Diem Total**										
Name	CLS Time In										
	CLS-Time Out										
	CLS-Total										
	Respite Time In										
	Respite Time Out								Employee Signature		
	Respite Total										
	Per Diem In								Date		
	Per Diem Out										
Last 4	**Per Diem Total**										
Name	CLS Time In										
	CLS-Time Out										
	CLS-Total										
	Respite Time In										
	Respite Time Out								Employee Signature		
	Respite Total										
	Per Diem In								Date		
Last 4	Per Diem Out										
	Per Diem Total										

Please indicate if hours worked are CLS, Respite or Per Diem by completing the box aligned with the service you performed. Specify 2:1 care if applicable.

Authorized Consumer Signature **Date**

Printed Name of Authorized Consumer Signer **Relationship to Consumer**

Important - A completed timesheet includes both sections 1 and 2 filled out in entirety with an authorized signature!

ExpertCare Management Services, 210 Town Center Drive, Troy, MI 48084 Phone (866) 812-8896, Fax (248) 740-3505