



# CW MORC TIMESHEET — TIME IN/TIME OUT

## SECTION 2 OF TIMESHEET

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. 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 8:00am 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.

Week Ending	Consumer (Please Print)	Caregiver (Please Print)	MORC #

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Week Total
<b>Date:</b>								
CLS-Time In								
CLS-Time out								
<b>CLS Total</b>								
Respite Time In								
Respite Time Out								
<b>Respite Total</b>								
Per Diem Time in								
Per Diem Time Out								
<b>Per Diem Total</b>								

**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.**

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

**Caregiver's Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Last 4 digits of social security:** \_\_\_\_\_

**Authorized Consumer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name of authorized signer:** \_\_\_\_\_ **Relationship to Consumer:** \_\_\_\_\_

**IMPORTANT - A COMPLETED TIMESHEET INCLUDES BOTH SECTIONS 1 AND 2 FILLED OUT IN ENTIRETY WITH AN AUTHORIZED SIGNATURE!**

**IT IS A REQUIREMENT THAT CLS AND RESPITE HOURS BE DOCUMENTED AGAINST THE GOALS IN THE PLAN OF SERVICE. ANY QUESTIONS PLEASE CALL 1-866-812-8896**