



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
Date:								
CLS-Time In								
CLS-Time out								
CLS Total								
Respite Time In								
Respite Time Out								
Respite Total								
Per Diem Time in								
Per Diem Time 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.

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