

As a condition of employment, scheduled hours allocated to the consumer must be adhered to. In the event a budget is modified, ExpertCare is the only party that can authorize a change in work schedule. Violation of this policy will result in disciplinary action up to and including termination. **Provider:** Please fill in **completely**. 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 timesheet by the deadline will result in delay of pay until the next pay date.

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

Caregiver 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	Date	Total CLS hours
_____ Caregiver Name _____ Last 4 digits of Social Security #: <u>CAREGIVER</u> Title	CLS Time In								Total CLS hours	
	CLS Time Out								Total Respite hours	
	CLS Total								Employee Signature:	
	Respite Time In									
	Respite Time Out									
	Respite Total									
_____ Caregiver Name _____ Last 4 digits of Social Security #: <u>CAREGIVER</u> Title	CLS Time In								Total CLS hours	
	CLS Time Out								Total Respite hours	
	CLS Total								Employee Signature:	
	Respite Time In									
	Respite Time Out									
	Respite Total									
_____ Caregiver Name _____ Last 4 digits of Social Security #: <u>CAREGIVER</u> Title	CLS Time In								Total CLS hours	
	CLS Time Out								Total Respite hours	
	CLS Total								Employee Signature:	
	Respite Time In									
	Respite Time Out									
	Respite Total									
_____ Caregiver Name _____ Last 4 digits of Social Security #: <u>CAREGIVER</u> Title	CLS Time In								Total CLS hours	
	CLS Time Out								Total Respite hours	
	CLS Total								Employee Signature:	
	Respite Time In									
	Respite Time Out									
	Respite Total									

By signing the timesheet, you attest under penalty of perjury, hours indicated above and true, correct and compliant with Federal and State Funds. 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.

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

Print Name of Authorized Signer: _____ **Relationship to Consumer:** _____