

2:1 and 1:1 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. **Provider:** 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)	Provider (Please Print)	MORC Case #

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Week Totals
Date:								
2:1 Respite -Time In								
2:1 Respite -Time Out								
2:1Respite Total								
1:1 CLS-Time In								
1:1 CLS-Time out								
1:1 CLS Total								
1:1 Respite Time In								
1:1 Respite Time Out								
1:1 Respite Total								

Please indicate if hours worked are CLS or Respite by completing the box aligned with the service you performed. Specify 2:1 or 1:1 care as 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 Signature: _____ Title: _____ Date: _____

Last 4 digits of social security: _____

Authorized Consumer Signature: _____ Date: _____

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

IMPORTANT - A COMPLETED TIMESHEET INCLUDES BOTH THE TIMESHEET AND PROGRESS NOTES PAGES BOTH MUST BE 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