



DEVELOPMENT CENTERS – DWMHA SED Waiver 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) | Case # |
|-------------|-------------------------|--------------------------|--------|
| | | | |

| | 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 | | | | | | | | |

Please indicate if hours worked are CLS or Respite by completing the box aligned with the service you performed.

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