

THE GUIDANCE CENTER – 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 <u>must be received</u> in our office by 8:00am on Monday, <u>regardless of a holiday</u>. 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 #	
		T Maria	T		T-1	le:			
Date:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Week Total	
CLS-Time In									
CLS-Time out									
CLS Total									
Respite Time In									
Respite Time Out									
Respite Total									
Please indicate if hou est, under the penalty of pene original signatures. Cor egiver's Signature:_	erjury, I have wor nsumers, by sign	ked the hours declareding this timesheet you	d above and they are tru attest that all information	e, correct and comp n is accurate. No w	bliant with Federal and hiteout or pre-signed ti	State Funds. Signati imesheets will be acc	epted. Timesheets	opied from a previous timesheet an must reflect actual hours worked.	
t 4 digits of social se									
horized Consumer Signature:					Date:				
nted name of authorized signer:					Relationship to Consumer:				
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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