

I understand that ExpertCare Management Services, as my employer, is the only party that can authorize a change in my scheduled hours. **Caregiver:** Timesheets **must be completed and received by 8:00am on Monday, regardless of a holiday.** Failure to turn in your timesheet by the deadline will delay pay until the next pay date. Keep a copy of your timesheet for your records. **I attest, under the penalty of perjury, I have worked the hours declared below and they are true, correct and compliant with Federal and State Funds.** Timesheets that are pre-signed, with whiteout, or have copied signatures will not be accepted. **Consumers:** by signing you attest that all information is accurate.

### ARC Group Timesheet – Section 2 of 2

Week Ending \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Consumer Name: \_\_\_\_\_

Case #: \_\_\_\_\_

Employee 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	CLS	RESPITE
Name	CLS Time In										
	CLS-Time Out										
	<b>CLS-Total</b>										
	Respite Time In										
	Respite Time Out										
	<b>Respite Total</b>										
	Per Diem In										
Last 4	Per Diem Out										
	<b>Per Diem Total</b>										
Name	CLS Time In										
	CLS-Time Out										
	<b>CLS-Total</b>										
	Respite Time In										
	Respite Time Out										
	<b>Respite Total</b>										
	Per Diem In										
Last 4	Per Diem Out										
	<b>Per Diem Total</b>										
Name	CLS Time In										
	CLS-Time Out										
	<b>CLS-Total</b>										
	Respite Time In										
	Respite Time Out										
	<b>Respite Total</b>										
	Per Diem In										
Last 4	Per Diem Out										
	<b>Per Diem Total</b>										
Name	CLS Time In										
	CLS-Time Out										
	<b>CLS-Total</b>										
	Respite Time In										
	Respite Time Out										
	<b>Respite Total</b>										
	Per Diem In										
Last 4	Per Diem Out										
	<b>Per Diem Total</b>										

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.

\_\_\_\_\_  
Authorized Consumer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Consumer Signer

\_\_\_\_\_  
Relationship to Consumer

**Important - A completed timesheet includes both sections 1 and 2 filled out in entirety with an authorized signature!**

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