



## CLS Oakland Group TIMESHEET – TIME IN/TIME OUT

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

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:** \_\_\_\_\_