

# Time Card

Employee Name: \_\_\_\_\_

Individual Receiving Services \_\_\_\_\_

**\*\*Time care are due every other Monday by 5:00P**

**\*\*Time cards received after the cutoff will be processed with the next payroll period.**

- \*\* Enter the month, date and year of each shift. Indicate start and end times (a.m./p.m.) for each shift, including respite
- \*\* Time cards must be signed by the managing party and employee:
- \*\* If working respite hours, please indicate this next to the day the shift occurred
- \*\*Please do not hold time cards. They must be submitted each payroll cycle if hours have been worked
- \*\*Employee is responsible to never exceed authorized hours

Date	Day of Week	Starting Time (a.m./p.m.)	Ending Time (a.m./p.m.)	Total Hours
/ /	Sunday			
/ /	Monday			
/ /	Tuesday			
/ /	Wednesday			
/ /	Thursday			
/ /	Friday			
/ /	Saturday			
<b>Total Hours for Week 1</b>				

Date	Day of Week	Starting Time (a.m./p.m.)	Ending Time (a.m./p.m.)	Total Hours
/ /	Sunday			
/ /	Monday			
/ /	Tuesday			
/ /	Wednesday			
/ /	Thursday			
/ /	Friday			
/ /	Saturday			
<b>Total Hours for Week 2</b>				

<p>I, the <b>Member or Managing Party</b>, certify that the above Employee worked the hours listed for this Member and that the services were provided in accordance with the care plan and member was NOT in a hospital, nursing home or institution.</p> <p style="text-align: center;">Falsification of this time sheet is considered Medicaid Fraud.</p>	<p style="text-align: center;">_____ <b>Member/Managing Party Signature</b></p> <p style="text-align: center;">_____ <b>Date</b></p>
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<p>I, the <b>Employee</b>, have worked the hours and services indicated above. False information or misrepresentation constitutes Medicaid Fraud.</p>	<p style="text-align: center;">_____ <b>Employee Signature</b></p> <p style="text-align: center;">_____ <b>Date</b></p>
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