



Veteran Directed - Employee Timesheet

*You may email timesheets to VD@cdsintexas.com or fax to 1-210-640-3913

Type of Service
<u>PC</u> - Personal Care Svcs <u>HM</u> - Homemaker Svcs <u>HOS</u> - Hospital/Medical Facility <u>ES</u> - Escort Svcs <u>RS</u> - Respite Svcs

Veteran Name:

Month:

Employee Name:

Pay Period #

Date of month	Service Type	Time In	Time Out	Time In	Time Out	Total Hrs	Comment / Daily Task
1							<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
Total Pay Period Hours						<input style="width: 100%;" type="text"/>	

Part 1

NOTE: no more than 40 hours in any one work week, unless you are exempt status. To track, circle date a work week begins (Sun) and date it ends (Sat).

USE 24 HOUR TIME
 8:00 AM = 8:00 or 0800
 8:00 PM = 20:00 or 2000

Noon = 12:00
 1 PM = 13:00
 2 PM = 14:00
 3 PM = 15:00
 4 PM = 16:00
 5 PM = 17:00
 6 PM = 18:00
 7 PM = 19:00
 8 PM = 20:00
 9 PM = 21:00
 10 PM = 22:00
 11 PM = 23:00
 12 AM = 00:00
 12:01 AM = 00:01
 12:30 AM = 00:30
 1 AM = 01:00

Was the consumer hospitalized or in a medical care facility during this pay period? Please list dates above and leave comment.

Employer and Employee hereby certify that the work hours listed above and service notes included are accurate, that the services provided are in accordance with the current tasks authorized and the services were NOT provided while the consumer was in the hospital, nursing home, or the Veteran-reimbursed healthcare facility. I understand the falsification of this timesheet is considered fraud, and may result in dismissal from the program and criminal prosecution.

Veteran/DR Signature _____ Date _____

Employee Signature _____ Date _____