

Rev 1/7/19

Colorado **Veteran Directed Care Time Sheet**



Work weeks are Sundays through Saturdays. Time must be submitted by Monday at noon. Time sheets are due every week. Late time or mistakes may result in late pay. Sign the time sheet AFTER all work is complete. Advance time sheets will not be accepted.

Sunday that started your work week

Want to avoid the hassle of paper time sheets? Enter your time the quick, easy, and secure

| way at https://cdenportal.com today! | | Service Code: ATT |
|--|---|---|
| Employee Name (Please Print) Employee ID Participant Name (Please Print) Participant ID | | |
| | | |
| 1 Day (DD) 1 J J Day (DD) 2 J J Day (DD) 5 Day (DD) 6 Day (DD) 7 Day (DD) 8 Day (DD) 9 Day (DD) 9 Day (DD) 1 Day (DD) | Time In our (HH) Min - Round to nearest 15 min* O 0 O 15 O AM O 30 O 45 O PM O 0 O 15 O AM O 30 O 45 O PM O 0 O 15 O AM O 30 O 45 O PM O 0 O 15 O AM O 30 O 45 O PM | |
| 5 | O 30 O 45 O PM O 30 O 45 O PM O 30 O 45 O PM | O 30 O 45 O PM O 0 O 15 O AM O 30 O 45 O PM |
| 6 | O 0 O 15 O AM O 30 O 45 O PM | O 0 O 15 O AM O 30 O 45 O PM O 0 O 15 O AM |
| 8 | O 30 O 45 O PM O 0 O 15 O AM O 30 O 45 O PM | O 30 O 45 O PM O 0 O 15 O AM O 30 O 45 O PM |
| 9 | O 0 O 15 O AM O 30 O 45 O PM | O 0 O 15 O AM O 30 O 45 O PM O 0 O 15 O AM |
| 11 | O 30 O 45 O PM O 0 O 15 O AM O 30 O 45 O PM | O 30 O 45 O PM O 0 O 15 O AM O 30 O 45 O PM |
| 12 / [| O 0 O 15 O AM O 30 O 45 O PM *Rounding to the nearest 15 minutes is allowed | O 0 O 15 O AM O 30 O 45 O PM by the Department of Labor. |
| Was the Participant in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at any time during this week? No Yes If Yes, please list dates and call office for further instructions. | | |
| The hours and services indicated above were provided to the Participant by the Employee as recorded, in accordance with the Care Plan. The Participant was not in a hospital, facility, or incarcerated during this shift. I understand that falsifying this information is Fraud and can result | Employee Signature Participant/Representative Signature | Date (MM/DD/YY) Date (MM/DD/YY) |
| in program removal and/or criminal prosecution. | | _ |

Email: CDCOTimesheets@ConsumerDirectCare.com Mail: 7951 E. Maplewood Avenue, Suite 125, Greenwood Village, CO 80111 Fax: 1-866-924-9072 **Phone**: 1-844-381-4433



Timesheet Instructions

These items must be completed for your timesheet to be processed:

- Employee Name
- Employee ID
- · Sunday that Started this Pay Period
 - o For example, if your first day worked was Tues. the 12th, this would be Sun. the 10th.
- Participant Name
- Participant ID
- Employee Signature & Date
 - o Date must be on or after the last day worked.
- Participant Signature & Date
 - o Date must be on or after the last day worked.

Each line of time must include:

- Service Date (MM/DD format)
- Time In (including hour (HH) minutes (MM) rounded to the nearest 15, and am/pm)
- Time Out (including hour (HH) minutes (MM) rounded to the nearest 15, and am/pm)

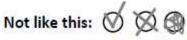
Make sure your timesheet is complete and correct, with all entries made neatly inside the boxes. Payment may be delayed if numbers are not printed neatly inside the boxes WITHOUT touching any lines, or are not readable.

Please continue on a second timesheet if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.

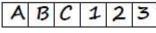
For best results use BLACK ink

Shade circles completely, like this:





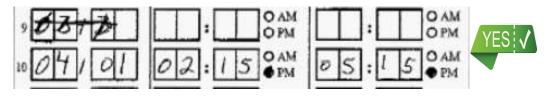
Fill boxes like this:



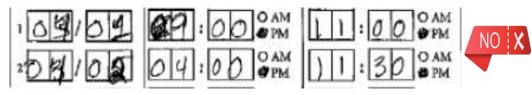


Making Corrections

Cross out the incorrect line and rewrite the information on the next blank line like this:



Do not write over the top of incorrect information like this:



Back page is for information only. Please do not submit it with your timesheet.

