



ARIS Solutions
P.O. Box 4409
White River Jct., VT 05001

e-Timesheets Registration Form and Agreement

Each Employer and Employee must complete a separate form. If you are filling out this form as an Employee, you (and your Employer) must sign up for e_Timesheets with each Employer that you work for.

Please remember that the Employer and Employee must have individual email addresses (**cannot** share one).

Name: _____

Required (Please print clearly)

E-mail Address: _____

Required (Please print clearly)

Phone Number: _____ Last 4 digits of Social Security Number: _____

Required

Registering as: **Employer** _____

Employee _____ **My Employer's name is:** _____

Required

You are also agreeing that:

- You understand that ARIS Solutions reports suspected fraud to the Vermont Office of Attorney General-Medicaid Fraud and Residential Abuse Unit (MFRAU) and will automatically do that, even if the timesheet is sent through e_Timesheets,
- You will not share your User Name or Password with anyone,
- You will notify ARIS Solutions immediately if you change your email address,
- You will notify ARIS Solutions immediately if there is a change in employment status of any employee who uses e_Timesheets,
- You will notify ARIS Solutions immediately if there is a change in the employer of record for anyone who uses e_Timesheets, and
- Submitting hours or services that were not worked may be considered Medicaid fraud.

Signature _____

Required

Print Name _____

Required

Date _____

Required

Dedicated to your Peace of Mind
Tel. 802-295-1658 ~ Fax: 1-866-604-0361
PO Box 4409 ~ White River Jct., VT 05001
www.arissolutions.org