



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
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