

Is Employee Exempt from Overtime Payments?

<input type="radio"/> Yes (should not be paid overtime wages)	<input type="radio"/> No (should be paid overtime wages)
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ARIS Solutions Time Sheet

EMPLOYEE NAME: _____ **LAST FOUR DIGITS OF SS #** ____ _

CONSUMER NAME: _____ **AGENCY:** _____

Was the Consumer admitted to a hospital or nursing home during any of these dates? Yes____ No____
 If YES, indicate the dates the Consumer was admitted to and discharged from the hospital or nursing home_____

Will this employee continue to work for you? Yes No **If no, why not:** Quit Fired Laid Off **Effective Date:** _____

MOST SERVICES CANNOT BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL

Program Consumer Receives Supports from:

<input type="radio"/> Adult Family Care-Respite	<input type="radio"/> CFC—Flex Choices	<input type="radio"/> Family Managed Respite/IFS-R
<input type="radio"/> Children’s Personal Care Services (CPCS)	<input type="radio"/> CFC—Moderate Needs	<input type="radio"/> Attendant Services—GF Attendant Services—PDAC
<input type="radio"/> Choices for Care (CFC)	<input type="radio"/> Developmental Services (DS)	<input type="radio"/> Traumatic Brain Injury (TBI)

Date	Start Time	A M	P M	End Time	A M	P M	Pay Rate	Service Code (See Back for Codes)	# of Hours Worked
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
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		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
Total Hours Worked for Current Pay Period									

I (below) certify, under the pains and penalty of perjury, to the best of my knowledge, that the dates, start and end times, and hours provided on this form are true, accurate and complete. I understand that submitting an inaccurate time sheet may result in termination of the employer and/or the employee from this program and may result in civil and/or criminal penalties.

EMPLOYEE SIGNATURE _____ **DATE** _____

PRINT EMPLOYER NAME _____ **DATE** _____

EMPLOYER SIGNATURE _____ **EMAIL/PHONE** _____

Time Sheets must be submitted according to the payroll schedule. Faxed, E-Mailed and Electronic time sheets must be received by 12:00PM on Monday of the payroll week. Late time sheets will be processed for the next regularly scheduled program pay date.

**Mail timesheets to: ARIS SOLUTIONS
 PO BOX 4409
 WHITE RIVER JUNCTION, VT 05001**
 Secure Fax: 1-888-604-0361 Secure Email: aristime@arissolutions.org
 Contact 800-798-1658 or financial@arissolutions.org with any questions



DO NOT SIGN A BLANK TIMESHEET OR SIGN A TIMESHEET ON BEHALF OF SOMEONE ELSE

Universal Timesheet (Version 8) July 2019