

## VIP Program Timesheet

CPWD (Veteran Directed-Home and Community Based Services)

**EMPLOYEE NAME:** \_\_\_\_\_ **LAST FOUR DIGITS OF SS #** \_\_\_\_\_

**VETERAN NAME:** \_\_\_\_\_ **VETERAN Phone #** \_\_\_\_\_

Was the Veteran admitted to a hospital or nursing home during any of these dates?    Yes        No  
 If **YES**, indicate the dates the Veteran was **admitted to and discharged from** the hospital or nursing home \_\_\_\_\_

**NO SERVICES CAN BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL/NURSING HOME**

Please Enter Pay Period Date Range: (ex. 1/5/2020 - 1/18-2020)									
Day	Date	Start Time	AM	PM	End Time	AM	PM	Service Code or Notes	# of Hours Worked
Week 1 of Pay Period (Should not exceed 40 hours per week without prior approval)									
Sun									
Sun									
Mon									
Mon									
Tues									
Tues									
Wed									
Wed									
Thurs									
Thurs									
Fri									
Fri									
Sat									
Sat									
Week 2 of Pay Period (Should not exceed 40 hours per week without prior approval)									
Sun									
Sun									
Mon									
Mon									
Tues									
Tues									
Wed									
Wed									
Thurs									
Thurs									
Fri									
Fri									
Sat									
Sat									
Total Hours Worked for Current Pay Period									

**\*Start & End times need to be listed in quarter hour increments. Example: 12:00pm, 12:15pm, 12:45pm, etc.**

*We (below) certify that the information provided on this form is true, accurate and complete.*

*Employee Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Veteran Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Timesheets received by ARIS Solutions after the due dates on the Payroll Schedule will be processed for the next scheduled pay date.

**Mail timesheets to:** ARIS Solutions- Veteran Dept. PO Box 4409 White River Jct., VT 05001

**Secure Fax:** 1-802-295-9812 **Secure Portal:** <https://arissolutions.org/submit-timesheet/>

