## Veteran Directed Care Program Timesheet- Alaska

## \*REQUIRED FIELDS

Failure to provide the necessary information may result in delays in processing

Dlagga Entar l	Day Dariad D	oto E	longo	.				
Please Enter l *Date		A	P	<u> </u>	A	P	*0 : 0 1	# of Hou
Date	*Start Time	M	M	*End Time	M	M	*Service Code	Worke
								<u> </u>
								<u> </u>
								1
	T . 1 T T	***	1 10			, ,		<b>.</b>
•				or Current Pa	-			
*Start & E	nd times nee	ed to	be lis	ted in quarte	r hou	r incren	nents. Example: 12:00pm, 12:15pm, 1	2:45pm, etc.
We	(below) cert	ify th	at the	e information	provi	ded on t	his form is true, accurate and complet	e.
nployee Sigr	nature						Date	
aployer Signature								

Please note it is the Veteran/Representative-Employer's responsibility to ensure the accuracy of the service codes used. Be sure to review prior to submission, especially when a Back-up worker is utilized.