Veteran Directed Care Program Timesheet-Indiana

*REQUIRED FIELDS

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

lease Enter	Pay Period D	ate R	Range	:				
*Date	*Start Time	A M	P M	*End Time	A M	P M	*Service Code	# of Hou Worke
	Total Hours	Wor	ked f	or Current Pa	y Per	iod		
*Start & l	End times nee	ed to	be list	ted in quarte	r hou	r increme	ents. Example: 12:00pm, 12:15pm,	, 12:45pm, etc.
W	le (below) cert	ify th	at the	e information	provi	ded on th	is form is true, accurate and comp	lete.
plovee Sig	gnature						Date	

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.