Wisconsin Veteran Directed Care Program Timesheet

*REQUIRED FIELDS

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

*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 <u>YES</u> , 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										
NO SE	RVICES CAN	BE PAID WH	ILE PA	ARTIC	IPANT IS AI	MITT	ED T	O A HOSPITAL/NURSING	HOME	
Please Enter Pay Period Date Range: (ex. 1/5/2020 - 1/18-2020)										
Day	*Date	*Start Time		PM	End Time	AM		*Service Code or Notes	worked	
	Week	1 of Pay Period	(hours	excee	ding 40 in a Տւ	ınday t	o Satu	rday period will generate ove	rtime.)	
Sun										
Sun										
Mon										
Mon										
Tues										
Tues										
Wed										
Wed										
Thurs										
Thurs										
Fri										
Fri										
Sat										
Sat	W 1	2 CD - D : 1	(1		1. 40 . C	1 4	C t	1 ' 1 '11 4	4.	
Sun	week	2 of Pay Period	(nours	excee	aing 40 in a St	inday t	o Satu	rday period will generate ove	rtime.)	
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										
Date										

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