



PO BOX 4409
 W.R.JCT, VT 05001
 QUESTIONS CALL
 866.970.3301

PAID LEAVE TIME SHEET

Employee Name:		Employer Name:	
Veteran Name:			

DATE	LEAVE HOURS TO CLAIM
TOTAL	

**Must be quarter hour increments.*

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

Employee signature:	DATE:
Employer signature:	DATE:

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

****Must be a worker in: Colorado, Illinois, Minnesota, New Mexico, Vermont to use this form****

Mail timesheets to: ARIS Solutions- Veteran Dept. PO Box 4409 White River Jct., VT 05001
Fax: 1-802-295-9812 **Secure Portal:** <https://arissolutions.org/submit-timesheet/>

Please note it is the Veteran/Representative-Employer's responsibility to ensure the accuracy of this submission. Please review prior to submission.