Is Employee Exempt from Overtime Payments?

○	Yes (Overtime exempt means **should not** be paid overtime wages)	○	No (Not overtime exempt means **should** be paid overtime wages)

ARIS Solutions Time Sheet—Developmental Disabilities Services

EMPLOYEE NAME: _____ **LAST FOUR DIGITS OF SS #** _____

CONSUMER NAME: _____ **AGENCY:** _____

Do you live with the person you provided care to? ○Yes ○No

Was the Consumer admitted to a hospital or nursing home during any of these dates? Yes____ No_____

If YES, indicate the dates the Consumer was admitted to and discharged from the hospital or nursing home_____

Will this employee continue to work for you? ○ Yes ○ No **If no, why not:** ○Quit ○Fired ○ Laid Off

Effective Date:_____

MOST SERVICES CANNOT BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL; SERVICE CANNOT BE PAID WHILE PARTICIPANT IS ADMITED TO A NURSING HOME OR REHABILITATION FACILITY

This program requires EVV depending on the service provided, where the service is provided, or where the employee lives

Date	Start Time	AM	PM	End Time	AM	PM	Pay Rate	Service Code (See Back for Codes)	Location of Service (Home or Community)	# of Hours Worked
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
								Total Hours Worked		

I (below) certify, under the pains and penalty of perjury, to the best of my knowledge, that the dates, start and end times, and hours provided on this form are true, accurate and complete. I understand that submitting an inaccurate time sheet may result in termination of the employer and/or the employee from this program and may result in civil and/or criminal penalties.

EMPLOYEE SIGNATURE_____ **DATE**_____

PRINT EMPLOYER NAME _____ **DATE**_____

EMPLOYER SIGNATURE _____ **EMAIL/PHONE** _____

Time Sheets must be submitted according to the payroll schedule. Electronic time sheets must be received by 12:00PM on Monday of the payroll week. Late time sheets will be processed for the next regularly scheduled program pay date.

All the above fields must be completed.
Failure to provide the necessary information may result in delays in processing payment

Mail Timesheets to:

PO Box 4409

White River Jct., VT 05001

DO NOT SIGN A BLANK TIMESHEET OR SIGN A TIMESHEET ON BEHALF OF SOMEONE ELSE

Service Category	Service Code Descriptor	
Community Supports		
	Community Supports	
	Community Supports **1:1**	Community Supports **1:2**
	Community Supports **2:1**	Community Supports **1:3**
Employment Supports		
	Ongoing Support to Maintain Employment (Job Coaching)	
	Ongoing Supported Employment **1:1**	
	Ongoing Supported Employment **2:1**	
	Ongoing Supported Employment **1:2**	
	Ongoing Supported Employment **1:3**	
Home Supports		
	Supervised Living (Individuals Living in Own Home or Apartment)	
	Supervised Living **1:1**	
	Supervised Living **2:1**	
	Supervised Living **1:2**	
	In Home Supports (Individuals Living with Family)	
	In Home Supports **1:1**	In Home Supports **1:2**
	In Home Support **2:1**	
	Shared Living Hourly (Individuals Living with SLP)	
	Shared Living Hourly **1:1**	Shared Living Hourly **1:2**
	Shared Living Hourly **2:1**	
Respite		
	Respite Hourly	
	Respite Hourly **1:1**	Respite Hourly **1:2**
	Respite Hourly **2:1**	Respite Hourly **1:3**
	Respite Daily	
	Respite Daily **1:1**	Respite Daily **2:1**
	Respite Daily **1:2**	

Ratios are defined as employee:consumer (i.e., 1:2 is 1 employee providing support to 2 consumers, 2:1 is 2 employees providing support to 1 consumer).
It is important to choose the code that includes the correct employee:consumer support ratio.

The current minimum rate is $16.11/hour or $257.76/day. The current employer tax rate is 9.82%.

Most services cannot be provided while an individual is admitted to the hospital. Services cannot be provided while an individual is admitted to a nursing home or rehab facility.
*This information may change; please consult www.arissolutions.org, your case/program manager or Program Handbook to be sure that you have the current information.

The employer is responsible to ensure all employees meet program qualifications around who can be paid. If you do not see the code that best fits the service provided, please contact ARIS Solutions for assistance, or refer to the System of Care Plan for a full list of authorized codes for use with self/family-and surrogate directed services.

Contact 800-798-1658 or financial@arissolutions.org with any questions