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

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:** _____

SERVICES CANNOT BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL/NURSING FACILITY

Program Consumer Receives Supports from:

○	**Adult Family Care-Respite**	○	**Choices for Care (CFC)**	○	**CFC-Moderate Needs**	○	**Attendant Services Program (ASP) or PDAC**
○	**Children's Personal Care Services**	○	**CFC—Flex Choices**	○	**Family Managed Respite**	○	**Brain Injury Respite**

All programs require EVV depending on where the service is provided, or the employee lives

Date	Start Time	AM	PM	End Time	AM	PM	Pay Rate	Service Code *(See Back for Codes)*	Location of Service *(Consumer's Home or else Community)*	# of Hours Worked
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
		○	○		○	○				
Total Number of Hours Submitted										

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.

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

This timesheet is not for Developmental Disabilities Services (DS Waiver) Supports

Program	Service	Service Code	Minimum Rate*	Employer Tax*
Adult Family Care-Respite	Respite (Hourly)	AFCR	$16.11/hour	11.78%
		AFCR	$257.76/day	11.78%
Children's Personal Care Services	CPCS Personal Care	Personal Care	$16.11/hour	11.24%
Choices for Care (CFC)	Personal Care-Consumer	Personal Care	$16.11/hour	11.78%
	Personal Care-Surrogate	Personal Care	$16.11/hour	11.78%
	Companion Care-Consumer	Companion	$16.11/hour	11.78%
	Companion Care-Surrogate	Companion	$16.11/hour	11.78%
	Respite Care-Consumer	Respite	$16.11/hour	11.78%
	Respite Care-Surrogate	Respite	$16.11/hour	11.78%
CFC—Flex Choices	Flexible Choices	Flexible Choices	$16.11/hour	11.78%
CFC—Moderate Needs	Moderate Needs	Moderate Needs	$16.11/hour	11.78%
Family Managed Respite (FMR)	Respite (Hourly)	Respite	$16.11/hour	9.82%
	Respite (Daily)	Respite	$257.76/day	9.82%
Attendant Services—GF	Attendant Services	Attendant Services	$16.11/hour	9.34%
Attendant Services—PDAC	Attendant Services PDAC	PDAC	$16.11/hour	12.59%
Brain Injury (BI)	TBI Respite Care	Respite	$16.11/hour	9.82%
	TBI Respite Care	Respite	$257.76/day	9.82%
ALL PROGRAMS	EPTO Time (Hourly)	EPTO		*Program Specific*

All programs require use of EVV depending on where the service is provided or the employee lives

Services cannot be provided while an individual is admitted to the hospital/nursing

*This information may change; please consult the ARIS Solutions website (www.arissolutions.org), your case/program manager or Program Handbook to be sure that you have the most up-to-date information.

The employer is responsible to ensure all employees meet program qualifications around who can be paid. For more information about Employee Minimum Qualifications, please consult the Medicaid and program manuals for the specific program.

Differences in Employer Tax rates are based on program-specific use of Unemployment /Workers' Compensation Insurances

To learn more about **e-TIMESHEETS** go to www.arissolutions.org
Contact 800-798-1658 or financial@arissolutions.org with any questions