Veteran Directed - Employee Timesheet

*You may email timesheets to **VD@cdsintexas.com** or fax to **1-210-640-3913**

Type of Service

PC - Personal Care Svcs **HM** - Homemaker Svcs **HOS** - Hospital/Medical Facility **ES** - Escort Svcs **RS** - Respite Svcs

Veteran Name:

Month:

Employee Name:

Pay Period #

Part 1

Date of month	Service Type	Time In	Time Out	Time In	Time Out	Total Hrs	Comment / Daily Task
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
					Total Pay Period Hours		

Was the consumer hospitalized or in a medical care facility during this pay period? Please list dates above and leave comment.

NOTE: no more than **40 hours** in any one work week, unless you are exempt status. To track, circle date a work week begins (Sun) and date it ends (Sat).

USE 24 HOUR TIME

8:00 AM = 8:00 or 0800
8:00 PM = 20:00 or 2000

Noon = 12:00
1 PM = 13:00
2 PM = 14:00
3 PM = 15:00
4 PM = 16:00
5 PM = 17:00
6 PM = 18:00
7 PM = 19:00
8 PM = 20:00
9 PM = 21:00
10 PM = 22:00
11 PM = 23:00
12 AM = 00:00
12:01 AM = 00:01
12:30 AM = 00:30
1 AM = 01:00

Employer and Employee hereby certify that the work hours listed above and service notes included are accurate, that the services provided are in accordance with the current tasks authorized and the serivces were NOT provided while the consumer was in the hospital, nursing home, or the Veteran-reimbursed healthcare facility. I understand the falsification of this timesheet is considered fraud, and may result in dismisal from the program and criminal prosecution.

Veteran/DR Signature **Date**

Employee Signature **Date**

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Veteran Name:

Month:

Employee Name:

Pay Period #

Part 2

Date of month	Service Type	Time In	Time Out	Time In	Time Out	Total Hrs	Comment / Daily Task
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
					Total Pay Period Hours		

Was the consumer hospitalized or in a medical care facility during this pay period? Please list dates above and leave comment.

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Veteran/DR Signature **Date**

Employee Signature **Date**

Semi-Monthly

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CDS in Texas

Employer Name:

Employee Name:

Veteran - Directed Home - Service Notes (Required)

Service Date	Written/Narrative Summary of Services Provided