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 Services **HM** - Homemaker Services **HOS** - Hospitilization/Medical Facility

Veteran Name:		**Month:**	
Employee Name:		**Pay Period Number:**	

Date of the month	Service Type	Time In	Time Out	Time In	Time Out	Total Hrs	Comment
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
					Pay Period 1 Hours		
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
					Pay Period 2 Hours		

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

Employer and Employee here by certify that the work hours listed above 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 results in dismisal from the program and criminal prosecution.

Veteran/DR Signature **Date** **Employee Signature** **Date**