



# Veteran Directed - Employee Timesheet

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

<b>Type of Service</b> PC - Personal Care Services    HM - Homemaker Services    HOS - Hospitalization/Medical Facility
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<b>Veteran Name:</b>		
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<b>Month:</b>
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<b>Employee Name:</b>		
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<b>Pay Period Number:</b>
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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

	Veteran/DR Signature	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature	Date
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

Pay Period 2 Hours

<b>Veteran/DR Signature</b>		<b>Date</b>		<b>Employee Signature</b>	
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**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 services 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 dismissal from the program and criminal prosecution.