| Bi-Weekly | | *You m | ay email time | esheets to c | ds@cdsintex | as.com or re | ference the p | ay schedule for | he appropriate fax number to send in your timesheet | |
|-----------------|-------------------|------------------------|-----------------|-----------------|------------------|----------------|----------------|-------------------|---|------------------|
| CDS in Texas | | Consumer Name: | | | | | | | Program Selection (Please Circle) | |
| | | Employer Name: | | | | | | | TxHml CLASS PHC DBMD STAR Plus HCS STAR Kids(MDCP) STAR Kids(PCS) | |
| | | Service Provider Name: | | | | | | | Type of Service (Please Circle) HAB PAS PAS/HAB RESPITE FFSS Protective Supervision LVN/RN PT/OT | |
| | | | | | | | | _ | | |
| E۱ | /V 1722 <u>O</u> | | | | | | Worked | Docume | ntation Pay Period Number: | |
| | **USE | 24 HOUR TIME | : 8:00 A.M OR 2 | 0:00 FOR 8:00 I | P.M. Enter 12:00 | AM as 00:00 | | | | Service: |
| DATE | DAY | TIME IN | TIME OUT | TIME IN | TIME OUT | TIME IN | TIME OUT | TOTAL TIME | COMMENTS / NARRATIVE | Service |
| | Sunday | | | | | | | | | Hours Vacation |
| | Monday | | | | | | | | | Hours Sick |
| | Tuesday | | | | | | | | | Hours Holiday |
| | Wednesday | | | | | | | | | Bonus |
| | Thursday | | | | | | | | | Other |
| | Friday | | | | | | | | | |
| | Saturday | | | | | | | | | |
| | Sunday | | | | | | | | | FMSA Agency Only |
| | Monday | | | | | | | | | Date Processed: |
| | Tuesday | | | | | | | | | |
| | Wednesday | | | | | | | | | By Whom: |
| | Thursday | | | | | | | | | |
| | Friday | | | | | | | | | |
| | Saturday | | | | | | | | | FMSA Comments |
| | | | | Total | Payroll / Pay | Period Hou | rs Delivered: | | | |
| Was the cons | sumer hospitalize | d or in an me | edical care fa | cility during | this pay peri | od? Please I | ist dates: | | | |
| authorized an | | e NOT provide | ed while the c | onsumer was | in the hospita | l, nursing hor | me, or the Med | dicaid-reimbursed | with the current tasks healthcare facility. I inal prosecution. | |

Date

Service Provider Signature

Date

Employer or DR Signature