TOTAL

TIME

TIME OUT

R			

DATE

DAY

Thursday

Friday

Saturday

TIME IN



*You may email timesheets to	ada@adaintayaa aam a	w reference the new co	hadula far tha annranriat	a fay number to cone	l in vour timechect
"You may email timesheets to) cus@cusintexas.com o	or reference the pay sc	nedule for the appropriat	e lax number to send	i in vour timesneet

Tournay official amountains to design and a formation of the formation of the appropriate tax number to define in your amountains.			
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)		
Service Provider Name.	Transportation Intervener Intervener I , II , III Value Add Respite Other		
•			

Option 1 Narrative - Timesheet

TIME OUT TIME IN

**USE 24 HOUR TIME: 8:00 A.M OR 20:00 FOR 8:00 P.M. Enter 12:00 AM as 00:00

TIME OUT TIME IN

Pay Period Number:

COMMENTS / NARRATIVE

ilber.	
	Service:
	Hours Vacation
	Hours Sick
	Hours Holiday
	Bonus
	Other
	FMSA Agency Only Date Processed:
	Date i locesseu.
	By Whom:
	FMSA Comments

Sunday

Monday

Tuesday

Wednesday

Thursday

Saturday

Sunday

Monday

Was the consumer hospitalized or in an medical care facility during this pay period? Please list dates:______

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 Medicaid-reimbursed healthcare facility. I understand that falsification of this time sheet is considered Medicaid Fraud, and may result in dismissal from the program and criminal prosecution.

Service Provider Signature Date

Employer or DR Signature

Total Payroll / Pay Period Hours Delivered:

Date