	(ir))irected - E timesheets to VD	@cdsintexas.co	om or fax to 1-2	10-640-3913	
S		in Texas	<u>PC </u> - Pe	ersonal Care Svcs	<u>HM</u> - Homemaker S	Type of Se Svcs <u>HOS</u> - Hospi		<u>ES</u> - Escort Svcs <u>RS</u> - Respite Svcs	NOTE: no more than
	Vete	eran Name:						Month:	40 hours in any one
	Employee Name:							Pay Period #	work week, unless you are exempt status. To
	Date of month	Service Type	Time In	Time Out	Time In	Time Out	Total Hrs	Comment / Daily Task	track, circle date a work week begins
	1								(Sun) and date it ends (Sat).
	2								
	3								
	4								USE 24 HOUR TIME
	5								8:00 AM = 8:00 or 0800
Part 1	6								8:00 PM = 20:00 or 2000
	7								Noon = 12:00
	8								1 PM = 13:00
									2 PM = 14:00
	9								3 PM = 15:00 4 PM = 16:00
	10								5 PM = 17:00
	11								6 PM = 18:00
	12								7 PM = 19:00
									8 PM = 20:00
	13								9 PM = 21:00
	14								10 PM = 22:00
	15								11 PM = 23:00 12 AM = 00:00
						_	┝━━━━┥└		12:01 AM = 00:00
	Total Pay Period Hours								
		Was the	consumer hospita	alized or in a medie	cal care facility dur	ing this pay perio	d? Please list date	es above and leave comment.	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 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 result in dismisal from the program and criminal prosecution.

Semi-Monthly	*You may email timesheets to VD@cdsintexas.com or fax number to 1-210-640-3913
Con eu m	Employer Name:
circct	
S ST LTC	Employee Name:
in'	Texas Veteran - Directed Home - Service Notes (Required)
Service Date	Written/Narrative Summary of Services Provided