



## Veteran Directed - Employee Timesheet

\*You may email timesheets to [VD@cdsintexas.com](mailto:VD@cdsintexas.com) or fax to 1-210-640-3913

| Type of Service   |  |
|---|--|
| <u>PC</u> - Personal Care Svcs <u>HM</u> - Homemaker Svcs <u>HOS</u> - Hospital/Medical Facility <u>ES</u> - Escort Svcs <u>RS</u> - Respite Svcs |  |

**Veteran Name:**

**Month:**

**Employee Name:**

**Pay Period #**

Part 2

| Date of month          | Service Type | Time In | Time Out | Time In | Time Out | Total Hrs | Comment / Daily Task |
|------------------------|--------------|---------|----------|---------|----------|-----------|----------------------|
| 16                     |              |         |          |         |          |           |                      |
| 17                     |              |         |          |         |          |           |                      |
| 18                     |              |         |          |         |          |           |                      |
| 19                     |              |         |          |         |          |           |                      |
| 20                     |              |         |          |         |          |           |                      |
| 21                     |              |         |          |         |          |           |                      |
| 22                     |              |         |          |         |          |           |                      |
| 23                     |              |         |          |         |          |           |                      |
| 24                     |              |         |          |         |          |           |                      |
| 25                     |              |         |          |         |          |           |                      |
| 26                     |              |         |          |         |          |           |                      |
| 27                     |              |         |          |         |          |           |                      |
| 28                     |              |         |          |         |          |           |                      |
| 29                     |              |         |          |         |          |           |                      |
| 30                     |              |         |          |         |          |           |                      |
| 31                     |              |         |          |         |          |           |                      |
| Total Pay Period Hours |              |         |          |         |          |           |                      |

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

**NOTE:** no more than 40 hours in any one work week, unless you are exempt status. To track, circle date a work week begins (Sun) and date it ends (Sat).

**USE 24 HOUR TIME**  
 8:00 AM = 8:00 or 0800  
 8:00 PM = 20:00 or 2000

Noon = 12:00  
 1 PM = 13:00  
 2 PM = 14:00  
 3 PM = 15:00  
 4 PM = 16:00  
 5 PM = 17:00  
 6 PM = 18:00  
 7 PM = 19:00  
 8 PM = 20:00  
 9 PM = 21:00  
 10 PM = 22:00  
 11 PM = 23:00  
 12 AM = 00:00  
 12:01 AM = 00:01  
 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 dismissal from the program and criminal prosecution.

Veteran/DR Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

