

Part

## Veteran Directed - Employee Timesheet

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

			Type of Service						
in Texas									
		<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							NOTE: no more than
Veteran Name:			ا ٦	40 hours in any one					
Fmn	loyee Name:						Pay Period #	╡╽	work week, unless you are exempt
	ioyoo name.						r dy r oned n	╛╵	status. To track,
Date of	Service Type	Time	Time	Time	Time	Total	Comment / Daily Task		circle date a work
month	31	ln	Out	In	Out	Hrs	Comment / Daily Task		week begins (Sun) and
16						1 1			date it ends (Sat).
17									, ,
								I	
18									
19						1 1			USE 24 HOUR TIME
20									8:00 AM = 8:00 or 0800
									8:00 PM = 20:00 or 2000
21									
22						1 1			N 40.00
23									Noon = 12:00
23									1 PM = 13:00 2 PM = 14:00
24						1 1			3 PM = 15:00
25									4 PM = 16:00
									5 PM = 17:00
26									6 PM = 18:00
27						1 1			7 PM = 19:00
28									8 PM = 20:00
									9 PM = 21:00
29									10 PM = 22:00
30									11 PM = 23:00
31									12 AM = 00:00
31									12:01 AM = 00:01
Total Pay Period Hours									12:30 AM = 00:30
Was the consumer hospitalized or in a medical care facility during this pay period? Please list dates above and leave comment.							41	1 AM = 01:00	
l	vvas tne d	onsumer nospita	ilizea or in a medic	ai care facility durif	ig this pay perio	ur Piease iist (	aates above and leave comment.		1

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 serivces 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.

Veteran/DR Signature	Date	Employee Signature	Date
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Semi-Monthly		*You may email timesheets to VD@cdsintexas.com or fax number to 1-210-640-3913						
concumer		Employer Name:						
firected								
SETTE	<b>2</b> 5	Employee Name:						
in	Texas	Veteran - Directed Home - Service Notes (Required)						
CIU .	Equi							
Service Date		Written/Narrative Summary of Services Provided						
Service Date		Writter/Marrative Summary of Services Provided						
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