



Tel: (651) 800-1977 Fax: (651) 389-0153
1603 University Ave. W. Suite 201, St. Paul, MN 55104

245D TIME & ACTIVITY DOCUMENTATION

CIRCLE THE SERVICE PROVIDED.

HM	ACC	PS	RES
ICLS	ILS	HIS	IHFS
SLS	SILS	24EA	NS

Days	Dates	Morning		Afternoon		Evening		Total Hours
		Start Time	Finish Time	Start Time	Finish Time	Start Time	Finish Time	
Wednesday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Thursday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Friday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Saturday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Sunday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Monday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Tuesday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Wednesday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Thursday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Friday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Saturday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Sunday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Monday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Tuesday		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Total Hours for Two Weeks								

WEEK 1 ACTIVITIES/PROGRESS:	WEEK 2 ACTIVITIES/PROGRESS:

Was the recipient in Hospital or other care facility during this pay period? Y N		Dates:	
Facility Location:			
Print Client Name:	Date of Birth:	Client/Responsible Party Signature:	Date:
<p>Time Sheet Rules: Timesheets are due every other Wednesday by 3:00pm, following the Company Payroll Calendar. Late time sheets may not be processed. Time sheets must be filled out each shift. You MUST indicate AM or PM. Time sheets with white out will not be accepted. Incomplete, incorrect, or illegible, timesheets will not be accepted. FAX TIME SHEETS TO: (651) 389-0153. YOU MUST CALL (651) 800-1977 FIVE MINUTES AFTER FAXING YOUR TIME SHEETS TO CONFIRM IT WAS RECEIVED.</p> <p>Acknowledgement: I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings. It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, sections 256B.0913, 256B.0915, 256B.092 and 256B.49.</p> <p>By signing below, I certify and swear under penalty of law that I have accurately reported on this time sheet: the hours I actually worked, the services provided, and the date/time worked.</p>			
Printed Employee Name:	Employee Signature:	Date:	