

245D TIME & ACTIVITY DOCUMENTATION

CIRCLE THE SERVICE PROVIDED.

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

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

		Morning		Afternoon		Evening		
Days	Dates	Start	Finish	Start	Finish	Start	Finish	Total Hours
	Duis	Time	Time	Time	Time			
		AM	AM	AM	AM		•	
Wednesday		PM	PM	PM	PM			
Thursday	Wirks	AM	AM	AM	AM		1	
		PM	PM	PM	PM			
Friday		AM	AM	AM	AM			
		PM	PM	PM	PM			
Saturday		AM	AM	AM	AM			
		PM	PM	PM	PM			
Sunday		AM	AM	AM	AM			
		PM	PM	PM	PM			
Monday		AM	AM	AM	AM			
		PM	PM	PM	PM			
Tuesday		AM	AM	AM	AM			
		PM	PM	PM	PM	FIVI	1 101	
				13.5	AM	AM	AM	
Wednesday		AM	AM	AM	PM			
		PM	PM	PM	AM			
Thursday		AM	AM	AM	PM		1	
Thursday		PM	PM	PM	AM	PM PM AM AM AM PM PM AM A		
Friday		AM	AM	AM PM	PM			
Tituay		PM	PM	AM	AM			
Saturday		AM	AM	PM	PM			
		PM	PM	AM	AM			
Sunday		AM	AM	PM	PM			
		PM	PM	AM	AM			
Monday		AM	AM PM	PM	PM		1	
		PM		AM	AM			
Tuesday		AM	AM PM	PM	PM			
Tuesday		PM	PM	FIVI	Total			

ODECC.	WEEK 2 ACTIVITIES/PROGRESS:								
JGRESS:	11.22.2								
		Dates:							
Was the recipient in Hospital or other care facility during this pay period? Y N									
Facility Location:									
Date of Birth:	Chent/Responsible 1 arty = 5								
	C. H	endar Late time sheets my not be							
Time Sheet Rules: Timesheets are due every other Wednesday by 3:00pm, following the Company Payroll Calendar. Late time sheets my 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 incorrect, or illegible, timesheets will not be accepted. FAX TIME SHEETS TO CONFIRM IT WAS RECEIVED.									
incorrect, or illegible, timesheets will not be accepted. FAX TIME STEED. MINUTES AFTER FAXING YOUR TIME SHEETS TO CONFIRM IT WAS RECEIVED. 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 Statues, sections 256B.0913, 256B.0915, 256B.092 and 256B.49. 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. Employee Signature: Date:									
rked.		Date:							
	Limploy Co Organica.								
	Date of Birth: other Wednesday by 3 shift. You MUST indicepted. FAX TIME S SHEETS TO CONForting my hours is fraumation on service billinatues, sections 256B.00 penalty of law that I	Date of Birth: Client/Responsible Party Signature: Other Wednesday by 3:00pm, following the Company Payroll Calcability. You MUST indicate AM or PM. Time sheets with white outcepted. FAX TIME SHEETS TO: (651) 389-0153. YOU MUST SHEETS TO CONFIRM IT WAS RECEIVED. Orting my hours is fraud for which I could face criminal prosecution mation on service billings for medical assistance or services proving the sections 256B.0913, 256B.0915, 256B.092 and 256B.49. The penalty of law that I have accurately reported on this time should be serviced.							