**SIMA HEALTH CARE EMPLOYEE TIME SHEET HCBS**

Employee: \_\_\_\_\_\_ Client Name: MONTH/YR:

Area Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POS KEY:**

12-Client Home

50-Licensed Provider Home

99-Community

**Time sheets are due at noon on the 1st and the 16th regardless if on a weekend or holiday.**

**ALL DATA SHEETS ARE DUE AT THE END OF THE MONTH, UNLESS DIRECTED OTHERWISE--IF NO DATA SHEETS ARE ATTACHED IT WILL DELAY YOUR PAY.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Attendant Care Hours** | | | | **Habilitation Hours HAH or HAI**  **Data Sheets attached** | | | | | **Respite Hours RSP** | | | | | **Responsible Person approval**  **(initial each line)** |
| PLEASE USE ***BLACK INK ONLY*** TO COMPLETE TIME SHEET. IF YOUR TIME SHEET IS ILLEGIBLE, INCOMPLETE, UNSIGNED, AND/OR UNAPPROVED IT WILL BE RETURNED TO YOU, WHICH MAY DELAY YOUR PAY. | | | | | | | | | | | | | | |
| **Date** | **Time In**  **am/pm** | **Time Out**  **am/pm** | **Hours Worked** | **POS** | **Time In**  **am/pm** | **Time Out**  **am/pm** | **Hours Worked** | **POS** | **# of client 2 or 3** | **Time In**  **am/pm** | **Time Out**  **am/pm** | **Hours Worked** | **POS** | **# of client 2 or 3** |
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|  | **Total ATC Hours** | |  |  | **Total HAH Hours** | |  |  |  | **Total RSP Hours** | |  | **GRAND TOTAL VERIFIED** | |  |
|  |  | |  |  |  | |  |  |  |  | |  |

**Employee Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify the above entries are accurate and rounded to the nearest ¼ hour. I understand that fraudulent entries are grounds for dismissal.

**Responsible Person (RP) Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the above entries are accurate and have been carried out. I understand the Disclaimer for Transporting Consumers statement below.

RP is financially responsible for over usage of hours at contracted rate. Please do not sign prior to time sheet being fully completed.

**\*DISCLAIMER\* FOR TRANSPORTING CONSUMERS IN ANY VEHICLE, EMPLOYEES MUST HAVE PRIOR APPROVAL AND CARRY CURRENT PROOF OF INSURANCE & REGISTRATION AT ALL TIMES & THIS INFORMATION MUST BE COPIED TO THE EMPLOYEE FILE.**