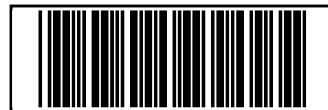


Nevada TIMESHEET



For the week of service, timesheets are due the following Monday by Midnight if faxed or dropped off, and postmarked by Monday if mailed. Timesheets are due every week. Due to the timing of the payroll cycle, late timesheets will result in late pay. Timesheets must be signed AFTER all work is completed. Advance timesheets will not be accepted.

Service Codes: T1019 = Personal Care Services SKILLED = Skilled Services

Employee Name (Please Print) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Employee ID <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>	Sunday that started your work week <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-around;"> </div> <p style="text-align: center; font-size: small;">MM DD YY</p>
Consumer Name (Please Print) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Consumer ID <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>	Please see back for instructions.

Service Date (MM/DD)	Time In	Time Out	Service Code
1	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
2	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
3	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
4	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
5	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
6	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
7	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
8	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
9	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
10	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
11	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
12	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

Was the Consumer in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at **any time** during this week? YES (Please call office to explain) No.

Comments: Any variance(s) from the Consumer's care plan must be noted here.

I, the Employee, certify that I have worked the hours and services indicated above, and that the Consumer was not in a hospital, nursing home, or institution. False information or misrepresentation constitutes Medicaid Fraud.

Employee Signature: _____

Date:

MM

 /

DD

 /

YY

I, the Consumer, certify that the above employee worked the hours listed for this Consumer, the services were provided in accordance with the care plan, and the Consumer was NOT in a hospital, nursing home, or institution. Falsification of this time sheet is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.

Consumer/Representative Signature: _____

Date:

MM

 /

DD

 /

YY



Timesheet Instructions

These items must be completed for your timesheet to be processed:

- **Employee Name**
- **Employee ID**
- **Consumer Name**
- **Consumer ID**
- **Employee Signature & Date**
 - Must be dated on or after the last day worked.
- **Consumer Signature & Date**
 - Must be dated on or after the last day worked.

Each line of time must include:


- Service Date (MM/DD format for each line)
- Time In (with AM/PM)
- Time Out (with AM/PM)
- Service Code

Make sure your timesheet is filled out completely and correctly, with all entries made neatly inside the boxes. Payment may be delayed if letters or numbers are not printed neatly inside the boxes WITHOUT touching any lines, or are not readable.

Please continue on a second timesheet if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.

For best results use **BLACK** ink

Shade circles completely, like this: 

Not like this: 

Fill boxes like this:

A	B	C	1	2	3
---	---	---	---	---	---

Not like this:

A	B	C	1	2	3
---	---	---	---	---	---

