

Nevada Timesheet ABT



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.

Sunday that started your work weel													
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Employee Name (Please		oyee ID	Consumer Name (Please Print) Consumer ID							
		Service Cod	e: T1019 =	Personal Care Servi	ces					
Service Date Month (MM) Day (DD)	Time In Hour (HH) Min	(MM) O AM	Time Out Hour (HH)	Min (MM)		Task(s)	Em	nitials p Cons		
		O PM		O PM						
2 / /		O AM O PM		O AM O PM						
3 /		O AM O PM		O AM O PM						
4 / /		O AM O PM		O AM O PM						
5 /		O AM O PM		O AM O PM						
6 / /		O AM O PM		O AM O PM						
7 / /		O AM O PM		O AM O PM						
8 / /		O AM O PM		O AM O PM						
9 /		O AM O PM		O AM O PM						
10 /	:	O AM O PM		O AM O PM						
11 /	:	O AM O PM		O AM O PM						
12 /		O AM O PM		O AM O PM						
13 /		O AM O PM		O AM O PM						
Was the Consumer in a ho	ospital, emergency yes, note dates an				nstitution or	facility at any ti	me during th	nis week?		
Was there any variance from No. Yes. If	om the Consumer yes, note shift nur									
I certify that the hours and se	ervices indicated	Employee Sig			Date (MM/DD/	YYY)				
above were provided to the C Employee as recorded, in acc	.				<u> </u>					
care plan. I certify that the C in a hospital, facility, or inca		Consumer/R	ve Signature		Date (MM/DD/	 'YY)				
shift. I understand that falsify information is Medicaid Frau	ying this ud and can result in					<u> </u>				
program removal and/or criminal prosecution. Mail: 1005 Terminal Way, Suite 125 Reno, NV 89502-2179 14389										

Email: infocdnv@consumerdirectcare.com
Fax: 1-877-786-4998 Phone: 1-877-786-4999

Timesheet Instructions

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

- **Employee Name**
- **Employee ID (first 7 digits)**
- **Consumer Name**
- Consumer ID (7 digits)
- Task(s)
- Initials (Employee and Consumer)
- **Employee Signature & Date**
 - Must be dated on or after the last day worked and filled in by the employee at the time of signing.
- **Consumer Signature & Date**
 - Must be dated on or after the last day worked and filled in by the client at the time of signing.

Each line of time must include:

- Service Date
- Time In
- Time Out
- Task(s)
- Initials (Employee and Consumer)

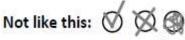
Make sure your timesheet is filled out completely and correctly, with all entries made neatly inside the boxes. Payment may be delayed if letters or numbers are not printed neatly inside the boxes WITHOUT touching any lines, or if they are not readable.

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:



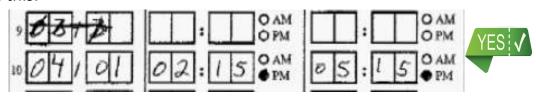


Fill boxes like this:

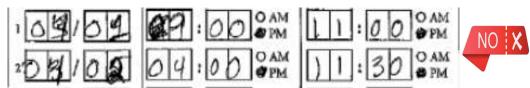


Making Corrections

Cross out the incorrect line and rewrite the information on the next blank line like this:



Do not write over the top of incorrect information like this:



Back page is for information only. Please do not submit it with your timesheet.

