## Three Rivers Inc.

# SR CARE ACT Attendant Care Timesheet

			Attenuan	i Care Timesneet	
Client (Print Name)	504 Miller Dr., PO Box 408				
	Wamego, KS 66547-0408	From: _	/ 1 /	To:/ 15 /	
	Phone: (785) 456-8573		(mm/dd/yy)	(mm/dd/yy)	
Direct Service Worker (Print Name)	Fax: (785) 456-6784				

Date	<b>Duties Provided</b>	Start Time	End Time	Start Time	End Time	Start Time	End Time	Total Hours
14		AM	AM	AM	AM	AM	AM	
1st		PM	PM	PM	PM	PM	PM	
2nd		AM	AM	AM	AM	AM	AM	
ZIIU		PM	PM	PM	PM	PM	PM	
3rd		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Jiu		AM	AM	AM	AM	AM	AM	
4th		PM	PM	PM	PM	PM	PM	
		AM	AM	AM	AM	AM	AM	
5th		PM	PM	PM	PM	PM	PM	
. 1		AM	AM	AM	AM	AM	AM	
6th		PM	PM	PM	PM	PM	PM	
741-		AM	AM	AM	AM	AM	AM	
7th		PM	PM	PM	PM	PM	PM	
8th		AM	AM	AM	AM	AM	AM	
oui		PM	PM	PM	PM	PM	PM	
9th		AM	AM	AM	AM	AM	AM	
7tii		PM	PM	PM	PM	PM	PM AM	
10th		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
10111		AM	AM	AM	AM	AM	AM	
11th		PM	PM	PM	PM	PM	PM	
		AM	AM	AM	AM	AM	AM	
12th		PM	PM	PM	PM	PM	PM	
		AM	AM	AM	AM	AM	AM	
13th		PM	PM	PM	PM	PM	PM	
1.4.1		AM	AM	AM	AM	AM	AM	
14th		PM	PM	PM	PM	PM	PM	
15th	·	AM	AM	AM	AM	AM	AM	
1 J III		PM	PM	PM	PM	PM	PM	

DSW Initials	Client Initials

The above hours must be received before noon on the 19th Sign after work is completed for the pay period.

## **Client Signature**

Date

My signature verifies that this information is correct. Submission of claims for time beyond what is allowed on my Plan of Care may be considered Fraud.

### **DSW Signature**

**Date** 

My signature verifies that this information is correct. I understand that I am only authorized to work hours allowed by the approved Plan of Care. Submission of claims for time beyond what is allowed may be considered Fraud.

Pay Period Total

<b>Duties Legend</b>				
A	Bathing/Grooming			
В	Dressing/Undressing			
C	Toileting			
D	Transfer			
E	Walking/Mobility			
F	Eating			
G	Meal Preparation			
Н	Shopping			
I	Money Management			
J	Transportation (accompanying)			
K	Laundry/Housekeeping			
L	Management of Meds			

Office Use Only				
Payroll Date				
Entered Date				
ОРОС				
PS				
MO/Trans				

### **Instructions for Completing Timesheet**

(SCA, HOME, VA)

Complete the client's name, your name, and pay period dates where indicated on the timesheet.

Pay periods are as follows: 1<sup>st</sup> -15<sup>th</sup> and 16<sup>th</sup> thru the end of the month. Workweeks run Sunday through Saturday.

Enter all duties provided the day worked using the "Legend" at the right. For example, if you performed the duties of bathing, toileting and meal preparation, write A, C and G in the "Duties Provided" column.

Enter the start time for each day worked in the "Start Time" and the end time for each day worked in the "End Time" columns. Circle AM or PM as appropriate.

Enter the total hours worked for each day in the "Total Hours" column.

At the end of each workday, you will is to initial in the "DSW Initials" column for the work completed. At the end of each workday, Consumer is to initial in the "Client Initials" column that the work listed was completed.

At the end of the semi-monthly pay period, enter the total the number of hours worked in the "Pay Period Total" box.

You must sign and date the timesheet to verify the hours that you worked.

The consumer must also sign and date the timesheet to confirm that you worked the hours.

#### Frequently asked questions:

Can we sign the timesheet before we fill it in? No, absolutely not. Your signature verifies the hours listed were actually worked. This is for your safety and security.

What happens if the timesheet isn't filled out correctly or doesn't have both signatures? Your timesheet may be returned to you for correction, which could delay payment.

When should timesheets be turned in to Three Rivers? Timesheets for the first part of the month,  $1^{st} - 15^{th}$ , must be received by Three Rivers by 12 Noon on the 19th of the month. Timesheets for the second part of the month,  $16^{th}$  thru the end of the month, must be received by Three Rivers by 12 Noon on the  $4^{th}$  of the following month.

When does the DSW get paid? Pay days are the 10th and 25<sup>th</sup> of each month.

How will the DSW receive their check? Three Rivers pays by Direct Deposit or Payroll Card.

#### **General Employment Information:**

Overtime, more than 40 hours per week must be approved by Three Rivers in advance.

Immediately notify the payroll department of changes to the client's routine, such as hospitalizations, vacations, etc., and indicate the client's absence on the timesheet. You cannot clock-in for any time while a client is not in their home.

Work-related incidents that result in, or may result in injury to you or the client, must be reported to Three Rivers within 24 hours of occurrence. You will be given information on procedures to follow for work related injuries.

Submit a copy of your new social security card documenting proof of any name change.

Three Rivers will comply with all garnishment or wage withholding orders as received by a court ordered authority. Three Rivers will deduct an administrative fee of \$5.00 per garnishment from each paycheck, not to exceed \$20 per month, in addition to the garnished amount.

Address and/or Phone Number Change for DSW: (print	A	ddress and	/or	Phone	Number	Change for	DSW:	(print)
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Name:	
Address:	
Phone #	Effective Date: