

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID #: _____

Pay Period: _____ to _____

Employee Name/ID #: _____

Employee Address/Zip: _____

Date Service Provided MM/DD/YY	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
Total Hours																

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/representative/ employer and employee certifies that all information is true and correct.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

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Reviewed by: Service Advisor signature _____ Date _____

Reviewed by: Financial Manager signature _____ Date _____

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name/ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A full description of the services provided that covers the entire shift; 2) What choices of activities made; and 3) Issues or concerns regarding the well being of the participant;

Date Service Provided MM/DD/YY	

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