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

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

•	Name/ID #:						1	Pay P				t	0		
Employee	Name/ID #:						Empl	oyee Addres	ss/Zip:						
Date Service Provided MM/DD/YY	Service	Provided	Total Time	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)		Time IN (AM/PM)	Time OUT (AM/PM)	
									-						
Total Hours														<u> </u>	
10.0		GPOSS I	OTAL A	MOUNT FOR	DAY DEDIOD	1			1						Ц
GROSS TOTAL AMOUNT For 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						1	Participant/R	Participant/Representative/Employer Signature Date							
							R. 2016 DAIL								
Reviewed by: Service Advisor signature Date							Reviewed by:	: Finan	cial 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					

R. 2016

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Date Service Provided MM/DD/YY							

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