

# TIMESHEET INSTRUCTIONS

Make sure your timesheet is filled out completely and correctly. All entries must be printed neatly inside the boxes, without touching any border (see examples below). AM/PM bubbles must be filled completely. If letters or numbers are not within the boxes, or are not readable, payment may be delayed. Each shift worked must include Service Date, Time In with AM/PM, Time Out with AM/PM, and Service Code.

**Want to avoid the hassle of paper timesheets? Enter your time the quick, easy, and secure way by visiting us at <http://consumerdirectwi.com> and clicking on "My Direct Care"! Contact us and we'll help you get started!**

Shade circles completely, like this:  Not like this:

Fill boxes like this: 

A	B	C	1	2	3
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 Not like this: 

A	B	C	1	2	3
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1. **Employee Name.** Print Employee's name.
2. **Employee ID.** Seven digit employee ID number.
3. **Member Name.** Print Member's name.
4. **Member/Employer ID.** Seven digit member ID number.
5. **Sunday that started your work week.** The date of the Sunday at the beginning of the work week, in MM/DD/YY format. For example, if the first day of the week you worked was Tuesday, 12/18/13, then this would be **12/16/13**.
6. **Service Date.** The date that services were provided, in MM/DD format.
7. **Time In.** The time your shift began, in **HH:MM** format. Round to the nearest 15 min. Choose **AM** or **PM** by filling in the correct circle.
8. **Time Out.** The time your shift ended, in **HH:MM** format. Round to the nearest 15 min. Choose **AM** or **PM** by filling in the correct circle.
9. **Service Code.** The code for the service you performed this shift. Start your code in the **FIRST** box. Leave any extra boxes empty if needed.

## Wisconsin 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. Want to avoid the hassle of paper timesheets? Enter your time the quick, easy, and secure way by visiting us at <http://consumerdirectwi.com> and clicking on "My Direct Care"!

Employee Name (Please Print) <b>1</b> _____	Employee ID <b>2</b> _____	Sunday that started your work week <b>5</b> ____ / ____ / ____ <small>MM DD YY</small>
Member Name (Please Print) <b>3</b> _____	Member/Employer ID <b>4</b> _____	Please use only <b>BLACK</b> ink.

Service Date (MM/DD)	Time In	Time Out	Service Code
<b>6</b> ____ / ____	<b>7</b> ____ : ____ <input type="radio"/> AM <input type="radio"/> PM	<b>8</b> ____ : ____ <input type="radio"/> AM <input type="radio"/> PM	<b>9</b> _____
2 ____ / ____	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	_____
3 ____ / ____	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	_____
4 ____ / ____	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	_____
5 ____ / ____	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	_____
6 ____ / ____	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	_____
7 ____ / ____	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	_____
8 ____ / ____	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	_____
9 ____ / ____	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	_____
10 ____ / ____	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	_____
11 ____ / ____	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	_____
12 ____ / ____	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	_____
13 ____ / ____	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	____ : ____ <input type="radio"/> AM <input type="radio"/> PM	_____

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

Employee Signature: \_\_\_\_\_ **10**      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **11**  
MM DD YY

I, the Member or Managing Party, certify that the above employee worked the hours listed for this Member, the services were provided in accordance with the care plan, and the Member 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.

Member/Managing Party Signature: \_\_\_\_\_ **12**      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **13**  
MM DD YY

Toll Free: 1-877-785-9991 • Toll Free Fax: 1-877-785-9992

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10. **Employee Signature**
11. **Employee Signature Date.** In MM/DD/YY format. This must be dated **on or after** the last day worked.
12. **Member/Managing Party Signature**
13. **Member Signature Date.** In MM/DD/YY format. This must be dated **on or after** the last day worked.