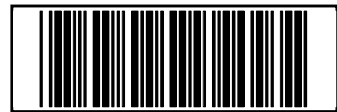


# Wisconsin TIME SHEET



Work weeks are Sundays through Saturdays. Time must be submitted by Monday at Midnight. Time sheets are due every week. Late time or mistakes may result in late pay. Sign the time sheet AFTER all work is complete. Advance time sheets will not be accepted.

**Sunday that started your work week**

		/			/		
MM			DD			YY	

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

Employee Name (Please Print)	Employee ID	Member Name (Please Print)	Member ID

Service Date	Time In	Min - Round to nearest 15 min	Time Out	Min - Round to nearest 15 min	Service Code
MM      DD	Hour (HH)		Hour (HH)		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Rounding to the nearest 15 minutes is allowed by the Department of Labor.

Was the Member in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at **any time** during this week?

**No**       **Yes** (please note dates and call office for further instructions)

The hours and services indicated above were provided to the Member by the Employee as recorded, in accordance with the care plan. The Member was not in a hospital, facility, or incarcerated during this shift. I understand that falsifying this information is Medicaid Fraud and can result in program removal and/or criminal prosecution.

**Employee Signature**

**Date (MM/DD/YY)**

		/			
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**Member Signature**

**Date (MM/DD/YY)**

		/			
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**Mail or Drop Off:** 744 Ryan Dr, Ste. 201, Hudson, WI 54016  
**Email:** CDWITimesheets@consumerdirectcare.com  
**Fax:** 1-877-785-9992      **Phone:** 1-877-785-9991

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