

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. Participant Name. Print Participant's name.

4. Participant ID. Seven digit participant 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, 10/23/18, then this would be 10/21/18.

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.

10. Hospitalized. Check No or Yes. If Yes list dates in the space provided.

11. Employee Signature.



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. **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		Time Out		Service Code	
	MM	DD	Hour	Min - Round to nearest 15 min		Hour
<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> AM	<input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> PM	<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> AM	<input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> PM

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

Was the Member in a hospital, emergency room, home care, nursing home, or any other institution or facility at any time during this week?
 No Yes (please note dates and call for further instructions)

The hours and services indicated above were provided to the Member by the Employee 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) / /

Member Signature Date (MM/DD/YY) / /

Mail or Drop Off: 744 Ryan Dr, Ste. 201, Hudson, WI 54016
 Email: infocdwi@consumerdirectcare.com
 Fax: 1-877-785-9992 Phone: 1-877-985-9991

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12. Employee Signature Date. In MM/DD/YY format. This must be dated on or after the last day worked.

13. Participant Signature.
14. Participant Signature Date. In MM/DD/YY format. This must be dated on or after the last day worked.