



Weekly Self-Hired Employee Time Sheet

Signing and submitting false information may lead to a charge of Medicaid fraud.

Individual's Name: _____ **Individual's Medicaid CIN:** _____

Employee's Name: _____ **Employee's Title:** _____

Fiscal Intermediary (FI) Agency: Person Centered Care Services

Service Type: Self-Hired Community Habilitation Self-Hired Respite

Primary Service Location(s): _____

Time Sheet for Period Ending (mo/day/year): _____

Put your initials in the "Initials" box for each date a service was provided. This is your attestation that service was provided on that day.

Day	Date: Mo/Day	Hrs Worked: From/To	Verification Initials	Face-to-Face Time	Non-billable Time	Service Description <small>(Specify the <u>type of support</u> provided by staff)</small>	Staff Initials
Sun		/		Y or N			
Mon		/		Y or N			
Tues		/		Y or N			
Wed		/		Y or N			
Thurs		/		Y or N			
Fri		/		Y or N			
Sat		/		Y or N			
Total hours worked →							

Comments: _____

Staff-to-individual ratio: 1:1 1:2 Group

****Hours are to be entered on Paycom daily when clocking "in" and clocking "out".**

Signature of Employee: _____ Initials: _____ Date: _____
(Signature Validates Timesheet for service description and hours to match in Paycom)

Signature of Individual/Designee: _____ Date: _____

Original to Fiscal Intermediary (FI)
FOR FI USE ONLY – Payroll Authorization _____ (FI Initials)