VETERAN'S OPTIONS FOR INDEPENDENCE, CHOICE & EMPOWERMENT (V.O.I.C.E)

Time Sheet

EMPLOYEE NAME: _____ LAST FOUR DIGITS OF SS # __ __ __ __

VETERANS NAME: _____

Was the Veteran admitted to a hospital or nursing home during any of these dates? Yes___ No_____

If **YES**, please indicate the dates the Veteran was admitted to and discharged from the hospital or nursing home_____

* *PERSONAL CARE SERVICES CANNOT BE PAID IF THE PARTICIPANT IS IN A HOSPITAL OR NURSING HOME.*

Please Check Pay Period date range:

		Time In				Time Out					
Service Hour Type (Personal Care-PC, or Other- O)	Date	Hours	Minutes	AM	PM	Hours	Minutes	AM	PM	Hourly Pay Rate	Total Hours
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
				○	○			○	○		
			Total Hours Worked for Current Pay Period								

We (below) certify that the information provided on this form is true, accurate and complete.

EMPLOYEE SIGNATURE_____ DATE_____

EMPLOYER SIGNATURE_____ DATE_____

PRINT EMPLOYER NAME_____

Time sheets, reimbursements, employee paperwork and check requests received by ARIS Solutions after the due dates on the Time Sheet and Reimbursement Schedule will be processed for the next regular pay date.

Employee timesheets must be received by ARIS Solutions no longer than 30 days after the employee provides services. ARIS Solutions cannot issue payment for services provided more than 30 days before the timesheet is received. Employers must pay employees out of their own personal funds if timesheets are submitted late. Please follow the payroll schedule.

SEND TO: ARIS SOLUTIONS-C/O THERESA TOWLE
PO BOX 4409 WHITE RIVER JUNCTION, VT. 05001
QUESTIONS? CALL 1-877-867-1918 Ext. 230
FAX: 1-802-295-6637 EMAIL: theresat@arissolutions.org