Is Employee Exempt from Overtime Payments?

☑	Yes (**should not** be paid overtime wages)	○	No (**should** be paid overtime wages)

ARIS Solutions Time Sheet

EMPLOYEE NAME: Donald Duck **LAST FOUR DIGITS OF SS #** 1234

CONSUMER'S NAME: Daffy Duck **AGENCY:** WBD

Was the Consumer admitted to a hospital or nursing home during any of these dates? Yes___ No ✓

If **YES**, indicate the dates the Consumer was **admitted to and discharged from** the hospital or nursing home —

MOST SERVICES CANNOT BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL/NURSING HOME

Program Consumer Receives Supports from:

☑	Adult Family Care-Respite	○	CFC—Flex Choices	○	Family Managed Respite/IFS-R
○	Children's Personal Care Services (CPCS)	○	CFC—Moderate Needs	○	Attendant Services—GF Attendant Services—PDAC
○	Choices for Care (CFC)	○	Developmental Services (DS Waiver)	○	Traumatic Brain Injury (TBI)

Please Enter Pay Period Date Range: 9/10/17 - 9/23/17

Date	Start Time	AM	PM	End Time	AM	PM	Pay Rate	Service Code (See Back for Codes)	# of Hours Worked
9/11/17	8	☒	○	4	○	☒	11.04	AFCR	4
9/12/17	9	☒	○	3	○	☒	11.04	AFCR	6
9/15/17	5	○	☒		○	○			
9/16/17		○	○	5	○	☒	168.00	AFCR	24
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
Total Hours Worked for Current Pay Period									

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

EMPLOYEE SIGNATURE Donald Duck **DATE** 9/20/17

PRINT EMPLOYER NAME Daisy Duck **DATE** 9/20/17

EMPLOYER SIGNATURE Daisy Duck **EMAIL/PHONE** 802-234-5678

Time sheets received by ARIS Solutions after the due dates on the **Time Sheet Schedule** will be processed for the next regularly scheduled program pay date.

Mail timesheets to: ARIS SOLUTIONS
PO BOX 4409
WHITE RIVER JUNCTION, VT 05001

Secure Fax: 1-888-604-0361 **Secure Email:** aristime@arissolutions.org