

**Is Employee Exempt from Overtime Payments?**

<input type="radio"/> Yes ( <b>should not</b> be paid overtime wages)	<input type="radio"/> No ( <b>should</b> be paid overtime wages)
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**ARIS Solutions Time Sheet**

EMPLOYEE NAME: \_\_\_\_\_ LAST FOUR DIGITS OF SS # \_\_\_\_ \_

CONSUMER'S NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_

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 \_\_\_\_\_

Will is employee continue to work for you?  Yes  No If no, why not:  Quit  Fired  Laid Off Effective Date: \_\_\_\_\_

**MOST SERVICES CANNOT BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL/NURSING HOME Program Consumer Receives Supports from:**

<input type="radio"/> Adult Family Care-Respite	<input type="radio"/> CFC—Flex Choices	<input type="radio"/> Family Managed Respite/IFS-R
<input type="radio"/> Children's Personal Care Services (CPCS)	<input type="radio"/> CFC—Moderate Needs	<input type="radio"/> Attendant Services—GF Attendant Services—PDAC
<input type="radio"/> Choices for Care (CFC)	<input type="radio"/> Developmental Services (DS Waiver)	<input type="radio"/> Traumatic Brain Injury (TBI)

Date	Start Time	A M	P M	End Time	A M	P M	Pay Rate	Service Code (See Back for Codes)	# of Hours Worked
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
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		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			
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 \_\_\_\_\_

PRINT EMPLOYER NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYER SIGNATURE \_\_\_\_\_ EMAIL/PHONE \_\_\_\_\_

Time Sheets must be submitted according to the payroll schedule. Faxed, E-Mailed and Electronic time sheets must be received by 12:00PM on Monday of the payroll week. Late time sheets 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](mailto:aristime@arissolutions.org)**

