

**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:** John Doe      **LAST FOUR DIGITS OF SS #** 1234

**CONSUMER'S NAME:** Jane Smith      **AGENCY:** UVS

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:**

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

Please Enter Pay Period Date Range: 4/9/17-4/22/17

Date	Start Time	A M	P M	End Time	A M	P M	Pay Rate	Service Code (See Back for Codes)	# of Hours Worked
4/9/17	8:00	X	○	5:30	○	X	11.04	D01	8.5
4/10/17	8:00	X	○	5:30	○	X	12.50	B01	8.5
4/15/17	8:00	X	○	5:30	○	X	17.00	C04	8.5
4/20/17	8:00	X	○	8:00	X	○	168.00	D02	24
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
<b>Total Hours Worked for Current Pay Period</b>									41.5

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

**EMPLOYEE SIGNATURE** John Doe      **DATE** 4/23/17

**PRINT EMPLOYER NAME** John Z. Smith      **DATE** 4/23/17

**EMPLOYER SIGNATURE** John Z. Smith      **EMAIL/PHONE** jzsmith@gmail.com

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](mailto:aristime@arissolutions.org)**

