

# SAMPLE

## Is Employee Exempt from Overtime Payments?

<input checked="" type="checkbox"/>	Yes ( <b>should not</b> be paid overtime wages)	<input type="checkbox"/>	No ( <b>should</b> be paid overtime wages)
-------------------------------------	---	--------------------------	--

### ARIS Solutions Time Sheet

**EMPLOYEE NAME:** John Appleseed **LAST FOUR DIGITS OF SS #** 1 2 3 4

**CONSUMER NAME:** Davey Crockett **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 \_\_\_\_\_

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="checkbox"/> Adult Family Care-Respite	<input type="checkbox"/> CFC—Flex Choices	<input checked="" 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 type="checkbox"/> Developmental Services (DS Waiver)	<input type="checkbox"/> 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
01/02/2018	8:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10.50	S5150	4
01/03/2018	9:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10.50	S5150	3
01/04/2018	8:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	168.00	S5151	24
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
Total Hours Worked for Current Pay Period									

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

**EMPLOYEE SIGNATURE** Johnny Appleseed **DATE** 1/8/18

**PRINT EMPLOYER NAME** Danny Crockett **DATE** 1/8/18

**EMPLOYER SIGNATURE** Danny Crockett **EMAIL/PHONE** 802-295-1658

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)**

**Contact 800-798-1658 or [financial@arissolutions.org](mailto:financial@arissolutions.org) with any questions**

