

Is Employee Exempt from Overtime Payments?

<input checked="" type="checkbox"/> Yes (should not be paid overtime wages)	<input type="checkbox"/> 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:

<input type="checkbox"/> Adult Family Care-Respite	<input checked="" 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 type="checkbox"/> Developmental Services (DS Waiver)	<input type="checkbox"/> Traumatic Brain Injury (TBI)

Please Enter Pay Period Date Range:

9/10/17 - 9/23/17

Date	Start Time	A M	P M	End Time	A M	P M	Pay Rate	Service Code (See Back for Codes)	# of Hours Worked
9/11/17	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11.04	FLEX	4
9/12/17	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11.04	FLEX	6
9/15/17	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11.04	FLEX	2
9/16/17	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11.04	FLEX	2
		<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 Donald Duck DATE 9/20/17

PRINT EMPLOYER NAME Daisy Duck DATE 9/20/17

EMPLOYER SIGNATURE Daisy Duck EMAIL/PHONE 802-555-1234

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**

