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: _____ LAST FOUR DIGITS OF SS # __ __ __ __

CONSUMER 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 this 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

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)	○	Traumatic Brain Injury (TBI)

Date	Start Time	AM	PM	End Time	AM	PM	Pay Rate	Service Code (See Back for Codes)	# of Hours Worked
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
		○	○		○	○			
Total Hours Worked for Current Pay Period									

I (below) certify, under the pains and penalty of perjury, to the best of my knowledge, that the dates, start and end times, and hours provided on this form are true, accurate and complete. I understand that submitting an inaccurate time sheet may result in termination of the employer and/or the employee from this program and may result in civil and/or criminal penalties.

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
Contact 800-798-1658 or financial@arissolutions.org with any questions

DO NOT SIGN A BLANK TIMESHEET OR SIGN A TIMESHEET ON BEHALF OF SOMEONE ELSE