



Timesheet

United Cerebral Palsy of Southern Arizona
 635 North Craycroft Road
 Tucson, AZ 85711
 Phone: 520-795-3108
 Fax: 520-795-3196
 E-mail: payroll@ucpsa.org

Staff Name: _____ Client Name: _____
First and Last First and Last

Week of: _____ to: _____
Saturday Friday

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SERVICE CODES:

- ANC – Attendant Care
- ESA – Employment Support
- HAH – Habilitation Hourly / ABA
- HAI – Habilitation Independent Living
- HID -- Habilitation Daily
- HSK – Housekeeping
- PCP – Personal Care
- RSP – Respite
- TRN – Training / Orientation / Shift cancelled by consumer

POLICY REMINDERS:

- ◆ Submit timesheets **Monday by 7:30 am**
- ◆ **Do not use whiteout**
- ◆ Any changes must be initialed by client and staff
- ◆ Complete your timesheet fully and correctly, otherwise it will not be processed and you will have to resubmit
- ◆ One service per line, per signature
- ◆ Use one timesheet per client
- ◆ Use one timesheet per week
- ◆ Use **blue** or **black ink only**
- ◆ You are to obtain a client signature every day that you work a shift with a client.

Month #	Day #	Year #	Service Code	Start Time	Mark (X)	End Time	Mark (X)	Client Signature
					AM <input type="checkbox"/>		AM <input type="checkbox"/>	
					PM <input type="checkbox"/>		PM <input type="checkbox"/>	
					AM <input type="checkbox"/>		AM <input type="checkbox"/>	
					PM <input type="checkbox"/>		PM <input type="checkbox"/>	
					AM <input type="checkbox"/>		AM <input type="checkbox"/>	
					PM <input type="checkbox"/>		PM <input type="checkbox"/>	
					AM <input type="checkbox"/>		AM <input type="checkbox"/>	
					PM <input type="checkbox"/>		PM <input type="checkbox"/>	
					AM <input type="checkbox"/>		AM <input type="checkbox"/>	
					PM <input type="checkbox"/>		PM <input type="checkbox"/>	
					AM <input type="checkbox"/>		AM <input type="checkbox"/>	
					PM <input type="checkbox"/>		PM <input type="checkbox"/>	
					AM <input type="checkbox"/>		AM <input type="checkbox"/>	
					PM <input type="checkbox"/>		PM <input type="checkbox"/>	
					AM <input type="checkbox"/>		AM <input type="checkbox"/>	
					PM <input type="checkbox"/>		PM <input type="checkbox"/>	
					AM <input type="checkbox"/>		AM <input type="checkbox"/>	
					PM <input type="checkbox"/>		PM <input type="checkbox"/>	

I certify that the hours listed for this client are accurate and that services were provided in accordance with the consumer care plan. I understand That falsification of this timesheet is considered Medicaid fraud and may result in dismissal from UCPSA as well as criminal prosecution. I also understand that once paperwork is submitted it becomes the property of UCPSA and if a copy is needed it must be made before submitting the paperwork.

Employee Signature: _____

Date _____