# 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**

## 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.

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<tr>
<th>Month #</th>
<th>Day #</th>
<th>Year #</th>
<th>Service Code</th>
<th>Start Time</th>
<th>Mark (X)</th>
<th>End Time</th>
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<th>Client Signature</th>
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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:** ___________________________

*Revised July 2014*