



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: _____ Page # _____ of _____
Saturday Friday

WORKABILITY SERVICE CODES

- C11DF-Job Search/Placement Facility
- C11DL-Job Search/Placement Local
- C11DD-Job Search/Placement Distant
- C11DLD-Job Search/Placement Long Distance

- C36CF-Post Employment Facility
- C36CL-Post Employment Local
- C36CD-Post Employment Distant
- C36CLD-Post Employment Long Distance

- ESA-Employment Support Aide
- ISE-Individualized Supportive Employment
- TTE-Transition to Employment
- TRN-Training, Cancellations, Staff Meeting
- ADMIN-Administrative Support

- C11EF-Job Retention Facility
- C11EL-Job Retention Local
- C11ED-Job Retention Distant
- C11ELD-Job Retention Long Distance

- C13DF-Supported Employment Facility
- C13DL-Supported Employment Local
- C13DD-Supported Employment Distant
- C13DLD-Supported Employment Long Distance

- CAEX - Career Exploration
- SEDU - Supported Education

Aide - Classroom Aide

POLICY REMINDERS:

- Submit timesheets every **Monday by 7:30 am**
- **Do not use whiteout**
- Any changes must be initiated 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"/>	
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					AM <input type="checkbox"/>		AM <input type="checkbox"/>	
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					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 _____