



# Timesheet

United Cerebral Palsy of Southern Arizona  
 Yuma  
 333 West 8<sup>th</sup> Street  
 Yuma, AZ 85364  
 Phone: (928) 259-7700  
 Fax: (928) 259-7697  
 Emergency/On Call Phone: (928) 750-5554  
 Email: 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.

<u>Month</u> #	<u>Day</u> #	<u>Year</u> #	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"/>	
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					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 \_\_\_\_\_