



Timesheet

United Cerebral Palsy of Southern Arizona
 635 North Craycroft Road
 Tucson, AZ 85711
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 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

ASCEND SERVICE CODES

- ECH**—Early Childhood Habilitation
- ECM**—Specialized BCBA
- ECB**—Specialized Bachelors
- RSP**—Respite
- TRN**—Training, Orientation

POLICY REMINDERS:

- Submit timesheets every **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>	<u>Service Code</u>	<u>Start Time</u>	<u>Mark (X)</u>	<u>End Time</u>	<u>Mark (X)</u>	<u>Client Signature</u>
					AM <input type="checkbox"/>		AM <input type="checkbox"/>	
					PM <input type="checkbox"/>		PM <input type="checkbox"/>	
					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 _____