

Home Assist Health
 3737 N 7TH st., Ste203
 Phoenix, AZ 85014

Phone: (602) 795-7620 Fax: (877) 223-2976

Division of Developmental Disabilities (DDD) Timesheet

Time Sheet - Multiple Members

Service Type: ATC – Attendant Care or RSP Respite

Employee Name _____ Week of ____/____/____ thru Week of ____/____/____
 (Print only full first and last name)

Phone # _____ Member A _____ Member B _____ Member C _____
 (Print only full first & last name) (Print only full first & last name) (Print only full first & last name)

Date	Member A (as listed above)	Member B (as listed above)	Member C (as listed above)	Time in	Time Out	Service Type	POS	RSP Total	ATC Total	Housekeeping	Meal Prep	Personal Care	Activities	Transfer	Toileting	Errands	M/G Initials
				am pm	am pm		12										
				am pm	am pm		12										
				am pm	am pm		12										
				am pm	am pm		12										
				am pm	am pm		12										
				am pm	am pm		12										
				am pm	am pm		12										
				am pm	am pm		12										
				am pm	am pm		12										
				am pm	am pm		12										
				am pm	am pm		12										
				am pm	am pm		12										
				am pm	am pm		12										
				am pm	am pm		12										

Member/Member Rep Signature _____ Date _____

Member/Member Rep Signature _____ Date _____

Employee Signature _____ Date _____

I understand that this timesheet will be used to process claims that will be paid from federal and state funds and that any willful falsification or concealment of a material fact may be prosecuted under federal and state laws.
 I certify that to the best of my knowledge the foregoing information is true, accurate and complete. Submission of illegible, incomplete, unauthorized or late timesheets will be subject to disciplinary action up to and including termination.
 I understand that if anyone has asked me to perform work without reporting my time spent on the work I must notify my supervisor or Human Resources representative and that I may do so without fear and retaliation or reprisal. REV 12.18

TIME SHEET INSTRUCTIONS

1. Please notify your Supervisor or the Supervisor on Duty **IMMEDIATELY** of any changes to your schedule.
2. **All Areas** on your time sheet need to be completed. Incomplete time sheets may result in counseling by your Supervisor, a **delay** in pay and/or receipt of your Direct Deposit.
3. Your name and your client's name should be printed on top/signed clearly on the bottom and dated on or after your final shift.
4. You are required to submit your time sheet every pay period. **Late time sheets** may result in counseling by your Supervisor.
5. Any changes to timesheet will require **initials** in all places changed.

PP #	Pay Period Begins Sunday	Pay Period Ends Time Sheets Due Saturday	Pay Day
1	December 16, 2018	December 29, 2018	January 4, 2019
2	December 30, 2018	January 12, 2019	January 18, 2019
3	January 13, 2019	January 26, 2019	February 1, 2019
4	January 27, 2019	February 9, 2019	February 15, 2019
5	February 10, 2019	February 23, 2019	March 1, 2019
6	February 24, 2019	March 9, 2019	March 15, 2019
7	March 10, 2019	March 23, 2019	March 29, 2019
8	March 24, 2019	April 6, 2019	April 12, 2019
9	April 7, 2019	April 20, 2019	April 26, 2019
10	April 21, 2019	May 4, 2019	May 10, 2019
11	May 5, 2019	May 18, 2019	May 24, 2019
12	May 19, 2019	June 1, 2019	June 7, 2019
13	June 2, 2019	June 15, 2019	June 21, 2019
14	June 16, 2019	June 29, 2019	July 5, 2019
15	June 30, 2019	July 13, 2019	July 19, 2019
16	July 14, 2019	July 27, 2019	August 2, 2019
17	July 28, 2019	August 10, 2019	August 16, 2019
18	August 11, 2019	August 24, 2019	August 30, 2019
19	August 25, 2019	September 7, 2019	September 13, 2019
20	September 8, 2019	September 21, 2019	September 27, 2019
21	September 22, 2019	October 5, 2019	October 11, 2019
22	October 6, 2019	October 19, 2019	October 25, 2019
23	October 20, 2019	November 2, 2019	November 8, 2019
24	November 3, 2019	November 16, 2019	November 22, 2019
25	November 17, 2019	November 30, 2019	December 6, 2019
26	December 1, 2019	December 14, 2019	December 20, 2019

How To Send Your Time Sheet

1. **DO NOT MAIL IN YOUR TIME SHEET.**
2. **Fax** to A-E 877-223-2976
3. You can **deliver** your time sheet in person to the Home Assist Health Office building at 3737 N. 7th Street, Suite 203, Phoenix, Arizona 85014. Office hours are 8:00am to 4:30pm.
4. You can drop off in our **Time Sheets Drop Box** located behind our building during closed hours.
5. You can go to our website at HomeAssistHealth.org to print out additional blank timesheets. Go to the header "For Caregivers" and click on Forms for Caregivers.
If you have any questions regarding the above please call your Supervisor as soon as possible!
Time sheets are due bi-weekly after your final shift or Saturday by Midnight!!