

VDC Program

Payroll Period From: / / To: / /

Consumer #: Telephone #:

Consumer Name (Print):

PCA Name (Print):

PCA Telephone #:

PCA Last 4 Digits of SSN

28193



WEEK #1	Time In			Time Out			Total Hours	
	HRS	MIN		HRS	MIN		HRS	MIN
Sun.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
Mon.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
Tue.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
Wed.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
Thu.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
Fri.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
Sat.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
Total Week 1	Please note that Tempus pays the PCA based on daily, not weekly, totals.			<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>

By signing below, I certify under pain and penalty of perjury that I have received Veterans Directed Care services from the Worker during the times described on this activity form; and I am not enrolled in MassHealth PCA services.

Consumer/Surrogate Signature

WEEK #2	Time In			Time Out			Total Hours	
	HRS	MIN		HRS	MIN		HRS	MIN
Sun.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
Mon.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
Tue.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
Wed.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
Thu.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
Fri.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
Sat.			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
			<input type="radio"/> AM <input type="radio"/> PM			<input type="radio"/> AM <input type="radio"/> PM		
Total Week 2	Please note that Tempus pays the PCA based on daily, not weekly, totals.			<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>

By signing below, I certify under pain and penalty of perjury that I have provided Veterans Directed Care services to the veteran during the times described on this activity form.

PCA Signature

Important Information: Please Read

It is strongly recommended for Consumers and Workers to use Tempus' electronic timesheet system, which is available at:

<https://tempusunlimited.org/etimesheet/>

1. **Noncovered Services:** Veterans Directed Care (VDC) program does not pay for activity time performed by a Worker while the Consumer is in an inpatient setting, including, but not limited to, hospitals, rehabilitation centers, skilled nursing facilities, etc. Activity time performed by a Worker while the Consumer is in an inpatient setting may be referred to the Office of the State Auditor Bureau of Special Investigations. Please be aware that completion of a Tempus timesheet is a legal document indicating the hours worked by the signed Worker and authorized by the Consumer. If a Worker/family member submits the payroll form for hours the individual does not work but instead pays another individual to work privately, that is falsification of a legal document. Both the Worker and Consumer will be referred to the Office of the State Auditor Bureau of Special investigations and the Veterans Directed Care (VDC) program reserves the right to recoup payment for false activity time
2. **False or incorrect activity time:** Veterans Directed Care (VDC) program reserves the right to deny or recoup payment for false or incorrect activity time, in addition to taking further action, which may include, but is not limited to, skills training, imposing a new or different Surrogate, or termination from the VDC Program.
3. **Consumer's liability for payment:** The Consumer is personally responsible for paying their Workers in circumstances where the Consumer/Surrogate has required a Worker to work and:
 - a. there are no or insufficient budget left on the Veteran's Spending Plan to allow the FI to pay the Worker; or consumer was not VDC program eligible on the dates of service on the timesheet;
 - b. consumer was not VDC program eligible on the dates of service on the timesheet;
 - c. The Worker is on the Office of Inspector General's List of Excluded Individuals or Entities (LEIE); or
 - d. The Worker provided noncovered services.
4. **Proper utilization of PA:** Consumers/Surrogates are responsible for scheduling VDC services in accordance with the number of hours authorized by the United States Department of Veterans Affairs. Consumers/Surrogates must ensure the accuracy of all Worker activity time listed on time sheets prior to submission for payment.
5. **Direct deposit requirement:** Consumers/Surrogates must inform Workers of the requirement to have Worker payments direct-deposited into the Worker's bank account.
6. **Complete all information on the time sheet:** There are 3 lines of boxes per day to indicate the hours and minutes that a Worker has worked. There are also circles that indicate if the Worker worked during A.M. or P.M. hours. If more than 3 lines of In and Out times are needed for a single day, please use a second time sheet and fill in all the required information concerning the Consumer, Worker, Payroll Period, and Signatures. A time sheet without all this information cannot be processed.

Please fill in all required information. A timesheet without all this information cannot be processed.

1. **General information:** Enter the payroll period dates, names, and other required information on the time sheet. Please note: The payroll period runs for 2 weeks; it always starts on a Sunday at Midnight (12:00 A.M.) and runs through the second Saturday at 11:59 P.M. Please check the payroll schedule for dates.
2. **Hours worked:** Hours worked from 12:00 A.M. through 11:59 P.M., record actual time in and time out for all hours. Consecutive tasks should be reported as one collective time period (e.g., when multiple tasks are performed with no time between). Then calculate the daily totals, which must be rounded up to the next 15-minute increment. For example, if a Worker works for 1 hour & 10 minutes, that day's total must be rounded up to 1 hour & 15 minutes. Please see the example below for guidance to complete the form.
3. **Time sheet submission:** Please fax or deliver this form by 4:00 P.M. on the Monday after the payroll period ends to ensure timely direct deposits and checks. Please, do not send the time sheet twice. Time sheets mailed or faxed before the hours are worked will not be processed.
4. **Marking Instructions:** For optimum accuracy, please:
 - a. Write in Blue or Black Pen Only.
 - b. Write numbers as large and legible as possible without touching sides of boxes.
 - c. Mark circles by filling them in like this: ● (DO NOT check or X them.)
 - d. When recording hours and minutes in the Total Hours column, be sure to use hours plus minutes. 1:00PM to 2:30PM is 01:30, (not 1 ½ or 1.5.)
 - e. If you have any questions, please call the FI or your case manager for clarification before submitting the time sheet.

Example:

WEEK #1	Time In			Time Out			Total Hours		WEEK #2	Time In			Time Out			Total Hours	
	HRS	MIN	AM PM	HRS	MIN	AM PM	HRS	MIN		HRS	MIN	AM PM	HRS	MIN	AM PM	HRS	MIN
Sun.	1	2	00	1	15	00	1	15	Sun.	8	00	00	4	45	00	8	45
	1	0	00	1	05	00	1	05									
	3	00	00	9	00	00	6	00									
Mon.									Mon.	1	00	00	1	20	00		
	9	00	00	1	15	00	2	15		1	1	00	1	00	00	2	00
										3	30	00	4	00	00		
Tue.	1	2	15	1	2	30		15	Tue.	9	30	00	1	0	40	1	15
	1	00	00	1	30	00		30		1	2	00	1	05	00	1	15
	1	00	00	7	25	00	6	30									