

Important Information: Please Read

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

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

1. **False or incorrect activity time:** EOEA/ASAP reserves the right to deny or recoup payment for false or incorrect activity time, and/or take further action which may include offering skills training, imposing a new surrogate, or termination from Consumer Directed Care Services (CDC).
2. **Program Regulations:** State that the Consumer has a responsibility to utilize CDC Services in accordance with the number of Hours per week authorized by the ASAP. Prohibits payment to any CDC worker whose name appears on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE).
3. **Direct deposit requirement:** Consumers/Surrogates must inform CDC workers of the recommendation to have CDC payments direct deposited into the CDC worker's bank account.
4. **Complete all information on the timesheet:** There are 2 lines of boxes per day to indicate the hours and minutes that a CDC worker has worked. There are also circles that indicate if the CDC worker worked during A.M. or P.M. hours. If more than 2 lines of In and Out times are needed for a single day, please use a second timesheet and fill in all the required information concerning the Consumer, CDC worker, Payroll Period, and Signatures. A timesheet without all this information cannot be processed.

Instructions for Paid Time Off (PTO) Activity Form Timesheet

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

1. **Record the PTO time:** PTO time *MUST reflect the scheduled time the CDC worker was to work*. PTO time must be reported in 15-minute increments on the Paid time Off Activity Form Timesheet or the Fiscal Intermediary will round the time up to the next 15-minute increment. Please complete the timesheet indicating the PTO time taken on each day, making sure to put in and out times (representing the start and end of the PTO).
 - There are 2 lines of boxes per day to record the PTO time that the CDC worker was scheduled to work, with circles to record AM or PM. The time the CDC worker *was scheduled to start*, "Time In" should be recorded in hours and minutes and the circle for AM or PM should be filled in completely. Next, the time that CDC worker *was scheduled to leave*, "Time Out" should be recorded in hours and minutes and the circle for AM or PM should be filled in. Then, the total time for that shift that the CDC worker *was scheduled to work* should be recorded in hours and minutes. For example, 8:00 AM to 10:15 AM equals a total time of 2:15
2. **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 timesheet twice. Timesheets mailed or faxed before the hours are worked will not be processed.
3. **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 V 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 care manager for clarification before submitting the timesheet.**

PTO time MUST reflect the scheduled time the CDC worker was to work

Example:

WEEK #1	Scheduled Time In				Scheduled Time Out				Total Scheduled Hours		WEEK #2	Scheduled Time In				Scheduled Time Out				Total Scheduled Hours	
	HRS	MIN	AM	PM	HRS	MIN	AM	PM	HRS	MIN		HRS	MIN	AM	PM	HRS	MIN	HRS	MIN	HRS	MIN
Sun.	1	0	○	○	1	15	○	○	1	15	Sun.	8	45	○	○	4	45	○	○	8	00
Mon.	1	0	○	○	1	00	○	○	2	00	Mon.	1	00	○	○	1	00	○	○	2	00
Tue.	1	00	○	○	7	30	○	○	6	30	Tue.	9	30	○	○	1	45	○	○	1	15
			○	○			○	○				1	00	○	○	1	15	○	○	1	15