TEMPUS UNLIMITED, INC., 600 Technology Center Drive, Stoughton, MA 02072 **VDC Program** Toll-free Phone #: 1-877-479-7577 Toll-free Fax #: 1-800-359-2884 Payroll Period From: Worker Name (Print): Worker Telephone #: _____ Consumer #: Telephone #: Consumer Name (Print): Worker Last 4 Digits of SSN Total Hours Time In Time Out Time In Time Out Total Hours WEEK WEEK #1 #2 HRS MIN HRS MIN HRS MIN HRS MIN HRS MIN HRS MIN O AM O AM O PM O AM O AM O PM O PM O PM O AM O AM O AM O AM O PM Sun Sun. O PM O PM O PM O AM O AM O AM O AM O PM O PM O PM O PM O AM O AM O AM O AM O PM O PM O PM O PM O AM O AM O AM O AM Mon. O PM O PM Mon. O PM O PM O AM O AM O AM O AM O PM O PM O PM O PM O AM O AM O AM O AM O PM O PM O PM O PM O AM O AM O AM O AM Tue. O PM O PM Tue. O PM O PM O AM O AM O AM O AM O PM O PM O PM O PM O AM O AM O AM O AM O PM O PM O PM O PM O AM O AM O AM O AM Wed. O PM Wed. O PM O PM O PM O AM O AM O AM O AM O PM O PM O PM O PM O AM O AM O AM O AM O PM O PM O PM O PM O AM O AM O AM O AM Thu. O PM O PM Thu. O PM O PM O AM O AM O AM O AM O PM O PM O PM O PM O AM O AM O AM O AM O PM O PM O PM O PM O AM O AM O AM O AM Fri. Fri. O PM O PM O PM O PM O AM O AM O AM O AM O PM O PM O PM O PM O AM O AM O AM O AM

Sat.

Total Week 2

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

O PM

O AM

O PM

O AM

based on daily, not weekly, totals.

Please note that Tempus pays the Worker

Sat.

Total Week 1

MassHealth PCA services.	
Consumer/Surrogate	
Signature	

O PM

O AM

O PM

O AM

O PM

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.

O PM

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O PM

based on daily, not weekly, totals.

Please note that Tempus pays the Worker

PCA		
Signature		

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O AM

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