TIMESHEET INSTRUCTIONS

Make sure your timesheet is filled out completely and correctly. All entries must be printed neatly inside the boxes, without touching any border (see examples below). AM/PM bubbles must be filled completely. If letters or numbers are not within the boxes, or are not readable, payment may be delayed. Each shift worked must include Service Date, Time In with AM/PM, and Time Out with AM/PM.

Want to avoid the hassle of paper timesheets? Enter your time the quick, easy, and secure way by visiting https://cdcnportal.com today! Contact us and we'll help you get started!

Shade circles completely, like this: ● **Not like this:** ✓ ⊗ ⊘
Fill boxes like this: | A | B | C | 1 | 2 | 3 | **Not like this:** ~ABC 12 3~

1. **Employee Name**. Print Employee's name.

2. **Employee ID**. Seven digit employee ID number.

3. **Participant Name**. Print Participant's name.

4. **Participant ID**. Seven digit participant ID number.

5. **Sunday that started your work week**. The date of the Sunday at the beginning of the work week, in MM/DD/YY format. For example, if the first day of the week you worked was Tuesday, 10/23/18, then this would be 10/21/18.

6. **Service Date**. The date that services were provided, in **MM/DD** format.

7. **Time In**. The time your shift began, with hours in **HH** format and minutes rounded to the nearest 15 and the corresponding minutes circle filled in. Choose **AM** or **PM** by filling in the correct circle.

8. **Time Out**. The time your shift ended, with hours in **HH** format and minutes rounded to the nearest 15 and the corresponding minutes circle filled in. Choose **AM** or **PM** by filling in the correct circle.

9. **Hospitalized**. Check No or Yes. If Yes list dates in the space provided.

10. **Employee Signature.**

Colorado
Veteran Directed Care Time Sheet

Work weeks are Sundays through Saturdays. Time must be submitted by Monday at noon. Time sheets are due every week. Late time or mistakes may result in late pay. Sign the time sheet AFTER all work is complete. Advance time sheets will not be accepted. Want to avoid the hassle of paper time sheets? Enter your time the quick, easy, and secure way at https://cdcnportal.com today!

Sunday that started your work week

| MM | / | DD | / | YY |

Service Code: T1020

Employee Name (Please Print) | **Employee ID** | **Participant Name (Please Print)** | **Participant ID**

	Service Date		Time In			Time Out		
	Month (MM) / Day (DD)		Hour (HH)	Min - Round to nearest 15 min*		Hour (HH)	Min - Round to nearest 15 min*	
1	/			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM	
2	/			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM	
3	/			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM	
4	/			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM	
5	/			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM	
6	/			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM	
7	/			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM	
8	/			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM	
9	/			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM	
10	/			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM	
11	/			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM	
12	/			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM			○ 0 ○ 15 ○ AM / ○ 30 ○ 45 ○ PM	

* Rounding to the nearest 15 minutes is allowed by the Department of Labor.

Was the Participant in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at any ⟨time⟩ during this week?

| | No | | Yes | If ⟨yes⟩, please list dates and call office for further instructions.

The hours and services indicated above were provided to the Participant by the Employee ⟨as⟩ recorded, in accordance with the Care Plan. ⟨The⟩ Participant was not in a hospital, facility, or incarcerated during this shift. I understand that falsifying this information is Fraud and can re⟨sult⟩ in program removal and/or criminal prosecuti⟨on⟩.

Employee Signature | **Date (MM/DD/YY)**

Participant/Representative Signature | **Date (MM/DD/YY)**

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12. **Employee Signature Date**. In MM/DD/YY format. This must be dated **on or after** the last day worked.

13. **Participant Signature.**

14. **Participant Signature Date**. In MM/DD/YY format. This must be dated **on or after** the last day worked.