

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
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Not like this:

A	B	C	1	2	3
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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 Type** Select Paid Leave for Paid Time Off. Select Regular Time for Attendant Services.

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

8. **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.

9. **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.

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



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://directmycare.com> today!

5. Sunday that started your work week
MM / DD / YY
Regular Time Service Code: ATT

1. Employee Name (Please Print) 2. Employee ID 3. Participant Name (Please Print) 4. Participant ID

6. Service Type	7. 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. <input type="radio"/> Paid Leave <input type="radio"/> Regular Time				<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
2. <input type="radio"/> Paid Leave <input type="radio"/> Regular Time				<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
3. <input type="radio"/> Paid Leave <input type="radio"/> Regular Time				<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
4. <input type="radio"/> Paid Leave <input type="radio"/> Regular Time				<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
5. <input type="radio"/> Paid Leave <input type="radio"/> Regular Time				<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
6. <input type="radio"/> Paid Leave <input type="radio"/> Regular Time				<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
7. <input type="radio"/> Paid Leave <input type="radio"/> Regular Time				<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
8. <input type="radio"/> Paid Leave <input type="radio"/> Regular Time				<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
9. <input type="radio"/> Paid Leave <input type="radio"/> Regular Time				<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
10. <input type="radio"/> Paid Leave <input type="radio"/> Regular Time				<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
11. <input type="radio"/> Paid Leave <input type="radio"/> Regular Time				<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM
12. <input type="radio"/> Paid Leave <input type="radio"/> Regular Time				<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> 0 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> AM <input type="radio"/> PM

10. 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 result in program removal and/or criminal prosecution.

11. Employee Signature

12. Date (MM/DD/YY)

13. Participant/Representative Signature

14. Date (MM/DD/YY)

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11. **Employee Signature.**

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.