

TOUCH OF CLASS - CDS TIMESHEET

DOCUMENTATION OF SERVICES DELIVERED

CLIENT ID:	CLIENT NAME:	
EMPLOYEE ID:	EMPLOYEE NAME:	

DATE	WORK TYPE	TIME IN AM/PM	TIME OUT AM/PM	TIME IN AM/PM	TIME OUT AM/PM	TOTAL TIME / AMOUNT	COMMENTS
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:	:	:	:		
		:		:	:		
	Pay Period Total Hours:						

This is to certify that I worked the hours as recorded and completed the tasks assigned on the plan of care.

EMPLOYEE SIGNATURE:

This is to certify that to the best of my knowledge the employee worked the hours as recorded and completed the tasks assigned on the plan of care.

EMPLOYER SIGNATURE:

Work Type Codes: (All Work Types in Bold must have Time In and Time Out Recorded)

- PAS -Personal Assistance Svcs / HabilitationRES -RespiteLVN -LVN NursingRN -RN NursingSUPEMP -Supported EmploymentEMPAST -Employment Assistance
- OT Occupational Therapy PT - Physical Therapy ST - Speech Therapy HBTRAN - Habilitation Transportation

DATE:

DATE:

TOC TIMESHEET REV: 20181009A Timesheets that are not signed or properly filled out will NOT be processed and will be returned for corrections.