

Employer of Record – Time Sheet

Refer to Pay Schedule for Pay Periods. All timesheets due by 9am Monday.

EMPLOYEE INFORMATION

Check Here if New Employee or Address Change

| | |
|---|------|
| Employee Name: <small>(As it should appear on check)</small> | |
| Address: | |
| City: | |
| State: | Zip: |
| Phone Number: | |

EMPLOYER INFORMATION

MORC MRN: _____

| | |
|--|------|
| Name of Individual Receiving Services: | |
| Address: | |
| City: | |
| State: | Zip: |
| Phone Number: | |

| Service Date & Times | | | | | | Type of Service Provided <small>(One service per Line. Check one that applies.)</small> | | | (If Applicable) | | Respite Notes |
|----------------------|------------|------|-----------|---------------------|----------|--|-----------------|---------------------|-----------------|----------|---|
| Date | Start Time | Date | Stop Time | Number of Hours/DAY | Pay Rate | CLS | Respite In Home | Respite Out of Home | Group Ratio | Training | (Required Only if Respite services are provided.) Location, Activity |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |
| | AM PM | | AM PM | | | | | | | | |

EMPLOYEE SIGNATURE

Email or Fax completed form to:
 The Arc of Oakland County
 1641 W. Big Beaver Road, Troy, MI 48084
 EMAIL: fitimesheet@thearcoakland.org
 FAX: 248-816-3340

EMPLOYER/DESIGNEE SIGNATURE*

*I certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal & State funds, and that any false claims, statements, or documents, or concealments fact, may be prosecuted under applicable Federal and State Laws. I of material also certify that the Employee meets the requirements, and the invoice is completed in accordance with the instruction, both of which are listed on the reverse side of this invoice and are made a part thereof.

Employer of Record – Time Sheet

Refer to Pay Schedule for Pay Periods. All timesheets due by 9am Monday.

NOTICE: ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY MISREPRESENTATION OF ANY FALSE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY BE SUBJECT TO CIVIL PENALTIES.

INSTRUCTIONS

1. Print all information clearly. If this form cannot be read, this form will be returned to you and processing and payment of your claim will be delayed. Return completed forms to The Arc of Oakland County bi-weekly.
2. List the name of the employee as appears on their check.
3. Document only one (1) pay period per form.
4. Document only one employee per form.
 - Time Sheets must be submitted no later than 9am on the Monday of payroll week. A separate schedule is provided to each employee for his or her use. Invoice forms received more than 60 days after the service month ends will not be paid.
5. If the invoice form is submitted with wrong information on any line or in any space, the form will be returned to you. NOTE: Due to Medicaid rule requirements, a “clean information” invoice form is ALWAYS required. Crossing out incorrect information, writing over incorrect information, or using any White Out product and then writing over that space is NOT ACCEPTABLE.
6. YOU MUST designate type of service, hours worked in 15 minute increments, and rate for service performed abiding by the current worksheet.
7. Prior to the first paycheck, a new employee must submit the necessary paperwork including a signed and completed W-4. No checks will be issued without proper paperwork. Please note that even if a direct deposit form is submitted, the first payment will be issued as a live check.
8. Overnights are defined as providing 10 or more respite hours and must include 11:59pm.
9. Employees may not work more than 40 hours per week without being paid time and a half, which is the responsibility of the employer.

MEDICAID REQUIREMENTS

In order to receive funding for their services, the hired caregiver MUST meet the following qualifications:

- Be at least 18 years of age, AND
- Be able to prevent the spread of any disease from himself/herself to other persons in the area in which the hired-care giver is providing the service, is certified in CPR, First Aid, Blood Borne Pathogens or Infectious Disease, Recipient Rights, have a current driver’s license or state ID, AND
- Be able to communicate clearly with other persons in order to follow the individual’s plan of services and emergency procedures, and to report the activities performed during provided respite services, AND
- Be in “good standing” with the law. This means that the hired caregiver is NOT a fugitive from justice, NOT a convicted felon, or NOT an illegal alien from another country living in the United States.
- The Independent Contract Provider for Respite may NOT be the:
 - Parent of the minor child receiving the service, OR
 - Legal guardian of an individual receiving the service, OR
 - Spouse of an individual receiving the service, OR
 - Primary unpaid caregiver for the individual receiving services