

# INTEGRATED FAMILY SERVICES RESPITE TIME SHEET

**Employee Name** \_\_\_\_\_ **Last Four Digits SS #:** \_\_\_\_

**Child's Name**\_\_\_\_\_

\*Will this employee continue to work for you? \_\_\_\_ yes \_\_\_\_no

\* Please check here if this employee has: quit ☐ been fired ☐ laid off for lack of work ☐

If employee will no longer be working for you, please indicate last date worked: \_\_\_\_\_

Date	Start Time Indicate AM or PM	End Time Indicate AM or PM	Number Of Hours Worked	Service Code  IFSR	Hourly Pay Rate (must be at least minimum wage)
				IFSR	
				IFSR	
				IFSR	
				IFSR	
				IFSR	
				IFSR	
				IFSR	
				IFSR	
				IFSR	
				IFSR	
				IFSR	
				IFSR	
				IFSR	
Total				IFSR	

Total Hours	x Hourly Rate	X 10.4% =	Cost of Services
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**By signing below, we certify that:**

- **To the best of our understanding, the above information is true, accurate and complete;**
- **We understand that if this timesheet is not accurate or complete, it will be returned for completion or correction before payment can be made; and that**
- **Under penalty of fraud, the employee is not a parent, step-parent, foster parent or guardian of the child.**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT EMPLOYER NAME: \_\_\_\_\_

*TIMESHEETS MUST BE SUBMITTED EVERY TWO WEEKS ACCORDING TO THE PAY SCHEDULE. IF MAILED, TIMESHEETS MUST BE POSTMARKED BY THURSDAY AND/OR BE RECEIVED IN THE ARIS SOLUTIONS OFFICE NO LATER THAN MONDAY OF THE PAY WEEK TO ENSURE PAYMENT.*

*FAX TO: 1-888-604-0361*

*E-MAIL TO:* [ARIStime@arissolutions.org](mailto:ARIStime@arissolutions.org)

**SUBMIT ELECTRONICALLY AT:** [www.arissolutions.org](http://www.arissolutions.org) and Select “Electronic Timesheets”

**SEND TO:** ARIS SOLUTIONS - PO BOX 4409 - WHITE RIVER JUNCTION, VT. 05001

1-800-798-1658 [www.arissolutions.org](http://www.arissolutions.org)