Note: All items with an asterisk (*) must be completed or no payment can be made.

DEVELOPMENTAL SERVICE WAIVER/PERSONAL CARE TIME SHEET / C3 W002

***EMPLOYEE NAME (PRINT):_____ DATE:_____**

***EMPLOYEE SOCIAL SECURITY NUMBER: XXX-XX-___ ___ ___ ___**

***CONSUMER:_____ FUNDING AGENCY:_____**

***WILL THIS EMPLOYEE CONTINUE WORKING FOR YOU? YES___ NO____**

***PLEASE CHECK IF THIS EMPLOYEE HAS: ☐ QUIT ☐ BEEN FIRED ☐ LAID OFF FOR LACK OF WORK**

IF ANY OF THE ABOVE HAVE OCCURRED PLEASE INDICATE LAST DATE OF WORK_____

*DATE	*START TIME	*END TIME	*TOTAL NO. OF HRS	*SERVICE CODE	*HOURLY PAY RATE (At least $10.80 hr.)
	Please specify AM or PM				

TOTAL HOURS:_____

I certify that the above information is true, accurate and complete. IF FORM IS NOT COMPLETE, I UNDERSTAND THAT IT WILL BE RETURNED FOR COMPLETION/CORRECTION.

***EMPLOYEE SIGNATURE:_____ DATE:_____**

***EMPLOYER SIGNATURE:_____ DATE:_____**

***EMPLOYER NAME PRINTED:_____**

SUBMIT TO: ARIS SOLUTIONS
PO BOX 4409
WHITE RIVER JCT, VT 05001

QUESTIONS CALL:
1-800-798-1658

FAX TIME SHEETS TO:
1-888-604-0361
E-MAIL TIME SHEETS:
ARIStime@arissolutions.org

TIME SHEETS MUST BE SUBMITTED EVERY TWO WEEKS ACCORDINGTO THE PAYROLL SCHEDULE. FAXED, E-MAILED AND ELECTRONIC TIMESHEETS MUST BE RECEIVED BY 12:00 PM (NOON) ON MONDAY OF THE PAYROLL WEEK.