

Electronic Timesheets



Employers and employees may choose to submit timesheets electronically through the ARIS Solutions web site.

Take the following steps if you want to register to submit the electronic timesheets:

1. Complete the employer/employee registration form (on the back of this notice). Separate forms are required for each employer and employee.
2. Mail, fax or e-mail the signed registration form to ARIS Solutions
3. The registration form must have your signature on it in order for us to complete registration for you.
4. ARIS Solutions staff will complete your registration for the electronic timesheets. *You will receive confirmation of your registration along with your user name and password and electronic timesheet handbook by e-mail .*
5. Once you have received confirmation of registration, you may begin to use the Electronic Timesheet system. (Electronic timesheets cannot be used for the first payroll for newly hired employees. Employees may access electronic timesheets following receipt of their first paycheck).
6. To use the system go to our web site, www.arissolutions.org to log in to the Electronic Timesheet Portal.
7. Follow the instructions in the Electronic Timesheet Handbook to enter and approve timesheets.
8. Employees can enter timesheets, only. Only employers can approve and submit timesheets to ARIS Solutions.
9. Employees must submit a new registration for each employer worked for.

Fax: 1-800- 317-0619

E-mail: aristime@arissolutions.org

ARIS Solutions – PO Box 4409- White River Junction, VT 05001

**ARIS Solutions Electronic Timesheet Submission
Registration Form**

Name: _____ * Required

E-mail Address: _____ * Required

Telephone Number: _____

I am registering as an **Employer** _____ Last 4 digits of Social Security # _____ (*Required)

I am registering as an **Employee** _____ My **Employer's** name is: _____ (* Required)

Please Check One Above ↑ (* Required)

I understand that by enrolling in ARIS Solutions' electronic timesheet submission process that I am also agreeing to the following:

- I am aware that ARIS Solutions is a mandated reporter of suspected fraud to the State of Vermont, Department of Health Access and the Medicaid fraud unit of the Vermont Office of the Attorney General. ARIS Solutions automatically refers all suspected cases of Medicaid fraud to the Office of the Attorney General.
- I will not give my User Name or Password to any other individual.
- I agree to notify ARIS Solutions immediately should my e-mail address change or if I am no longer an employee.

Employers agree:

- As an employer I agree to submit only for services which my employee has provided. I understand that submitting for any hours or services not provided is considered Medicaid fraud.
- I will only be able to use the Electronic Timesheet Submission system with employees who have enrolled in this system listing me as their employer.

Employees agree:

- I agree to submit only for hours of service I have actually provided. I understand that submitting for any hours or services not provided is considered Medicaid fraud.
- I must register to use the Electronic Timesheet Submission with each employer who has listed me as their employee.

Signature * Required

Date

Print Name * Required

For internal ARIS Solutions use, only.

Display name: _____

SS#: _____

Employer ID#: _____

Password: _____

Date entered _____