# VDHCBS -Veteran's Independence Program (VIP) Time Sheet

**EMPLOYEE NAME:** _____  **LAST FOUR DIGITS OF SS #** __ __ __ __

**VETERANS NAME:** _____
Was the Veteran admitted to a hospital or nursing home during any of these dates?  Yes____  No_____
If **YES**, please indicate the dates the Veteran was admitted to and discharged from the hospital or nursing
home_____
* *PERSONAL CARE SERVICES CANNOT BE PAID IF THE PARTICIPANT IS IN A HOSPITAL OR NURSING HOME.*

Please Enter Pay Period Date Range: _____

| Service Hour Type (Personal Care-PC, or Other- O) | Date | Time In | | | | Time Out | | | | Hourly Pay Rate | Total Hours |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Hours | Minutes | AM | PM | Hours | Minutes | AM | PM | | |
| | | | | ○ | ○ | | | ○ | ○ | | |
| | | | | ○ | ○ | | | ○ | ○ | | |
| | | | | ○ | ○ | | | ○ | ○ | | |
| | | | | ○ | ○ | | | ○ | ○ | | |
| | | | | ○ | ○ | | | ○ | ○ | | |
| | | | | ○ | ○ | | | ○ | ○ | | |
| | | | | ○ | ○ | | | ○ | ○ | | |
| | | | | ○ | ○ | | | ○ | ○ | | |
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| | | | | ○ | ○ | | | ○ | ○ | | |
| | | | | ○ | ○ | | | ○ | ○ | | |
| | | | | ○ | ○ | | | ○ | ○ | | |
| | | | | ○ | ○ | | | ○ | ○ | | |
| | | | | | | Total Hours Worked for Current Pay Period | | | | | |

*We (below) certify that the information provided on this form is true, accurate and complete.*

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

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

**PRINT EMPLOYER NAME**_____
Time sheets, reimbursements, employee paperwork and check requests received by ARIS Solutions after the due dates
on the Time Sheet and Reimbursement Schedule will be processed for the next regular pay date.

Employee timesheets must be received by ARIS Solutions no longer than 30 days after the employee provides services.
ARIS Solutions cannot issue payment for services provided more than 30 days before the timesheet is received.
Employers must pay employees out of their own personal funds if timesheets are submitted late.  Please follow the
payroll schedule.



SEND TO:  ARIS SOLUTIONS-C/O THERESA TOWLE
PO BOX 4409 WHITE RIVER JUNCTION, VT. 05001
QUESTIONS?  CALL 1-877-867-1918 Ext. 230
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