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

EMPLOYEE NAME: ______

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

ay I chou Date	Range.									
	Time In				Time Out					
Date	Hours	Minutes	AM	РМ	Hours	Minutes	AM	PM	Hourly Pay Rate	Total Hours
							-	-		
							-			
			0				0	0		
			0				0	0		
			0	0			0	0		
			0	0			0	0		
			0	0			0	0		
			0	0			0	0		
			0	0			0	0		
			0	0			0	0		
			0	0			0	0		
			0	0			0	0		
			0	0			0	0		
			0	0			0	0		
			0	0			0	0		
			0	0			0	0		
		Total Hours Worked for Current Pay Period								
	-	Tiı		Time In Time In Date Hours Minutes AM Image: Imag	Time In Image: AM PM Date Hours Minutes AM PM Image: Am Image: Am Image: Am Image: Am Image: Am Image: Am Image: Am Image: Am Image: Am Image: Am Image: Am Image: Am Image: Am Image: Am<	Time In Time Date Hours Minutes AM PM Hours Image: Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system Image of the system I	Time InTime OutDateHoursMinutesAMPMHoursMinutes \square \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \square \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \square \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \square \bigcirc </td <td>$\begin{array}{ c c c c c c c c c c c c c c c c c c c$</td> <td>$\begin{array}{ c c c c c c c c c c c c c c c c c c c$</td> <td>$\begin{array}{ c c c c c c c c c c c c c c c c c c c$</td>	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$

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

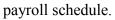
EMPLOYEE SIGNATURE DATE

 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





SEND TO: ARIS SOLUTIONS-C/O THERESA TOWLE PO BOX 4409 WHITE RIVER JUNCTION, VT. 05001 QUESTIONS? CALL 1-877-867-1918 Ext. 230 FAX: 1-802-295-6637 EMAIL: theresat@arissolutions.org