



# Timesheet

United Cerebral Palsy of Southern Arizona Yuma  
 281 W 24<sup>th</sup> Street, Suite 147  
 Yuma, AZ 85364  
 Phone: 928 317-8800  
 Fax: 928 317-8801  
 Email: payroll@ucpsa.org

Staff Name: \_\_\_\_\_ Client Name: \_\_\_\_\_  
First and Last First and Last

Week of: \_\_\_\_\_ to: \_\_\_\_\_  
Saturday Friday

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### SERVICE CODES:

- ANC – Attendant Care
- ESA – Employment Support
- HAH – Habilitation Hourly / ABA
- HAI – Habilitation Independent Living
- HID -- Habilitation Daily
- HSK – Housekeeping
- PCP – Personal Care
- RSP – Respite
- TRN – Training / Orientation / Shift cancelled by consumer

### POLICY REMINDERS:

- ◆ Submit timesheets **Monday by 7:30 am**
- ◆ **Do not use whiteout**
- ◆ Any changes must be initialed by client and staff
- ◆ Complete your timesheet fully and correctly, otherwise it will not be processed and you will have to resubmit
- ◆ One service per line, per signature
- ◆ Use one timesheet per client
- ◆ Use one timesheet per week
- ◆ Use **blue** or **black ink only**
- ◆ You are to obtain a client signature every day that you work a shift with a client.

| Month # | Day # | Year # | Service Code | Start Time | Mark (X)                    | End Time | Mark (X)                    | Client Signature |
|---------|-------|--------|--------------|------------|-----------------------------|----------|-----------------------------|------------------|
|         |       |        |              |            | AM <input type="checkbox"/> |          | AM <input type="checkbox"/> |                  |
|         |       |        |              |            | PM <input type="checkbox"/> |          | PM <input type="checkbox"/> |                  |
|         |       |        |              |            | AM <input type="checkbox"/> |          | AM <input type="checkbox"/> |                  |
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|         |       |        |              |            | AM <input type="checkbox"/> |          | AM <input type="checkbox"/> |                  |
|         |       |        |              |            | PM <input type="checkbox"/> |          | PM <input type="checkbox"/> |                  |

I certify that the hours listed for this client are accurate and that services were provided in accordance with the consumer care plan. I understand that falsification of this timesheet is considered Medicaid fraud and may result in dismissal from UCPSA as well as criminal prosecution. I also understand that once paperwork is submitted it becomes the property of UCPSA and if a copy is needed it must be made before submitting the paperwork.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_