

## Arkansas SDSB Biweekly Timesheet

Make plenty of copies of this timesheet. This is the only timesheet that will be accepted. If you make a mistake, mark a single line through the mistake, initial beside it and make the correction nearby. On days that the worker does not work, you may leave it blank or put a "0" or "X" in the box.

Checklist	<b>list</b> : $\Box$ Date & time in/out $\Box$ # of hours worked each day/week												☐ Timesheet submitted after hours worked ☐ Blue or black i ☐ Employer & worker both signed ☐ Did <b>NOT</b> use												e-ou	t		
Employer:													Worker:													_		
Case ID: Service Period:// through//															/y	'ear	_											
	Attendant Care Service TUE WED THU FRI									rs – \T	Week 1 SUN MON			ON	Attendant Car TUE WED THU						e Service Hours – FRI SAT				Week 2 SUN MON			
Time In					am pm								am pm								am pm				am pm			
Time Out	am	<u> </u>	am			pm		<u> </u>					am	<u> </u>				<u>`</u>				pm		<u> </u>		<u> </u>		pm
# of hours	um	piii	um	pin	um	pin	um	pin	um	piii	um	pin	um	pin	um	pin	um	pm	um	pin	um	pin	uiii	pin	um	pin	um	pin
Week Total	Week 1 Total Hours :													Week 2 Total Hours:														

Biweekly Total Attendant Care Service Hours →

Your signature confirms that these hours were actually worked. If you sign this timesheet and the hours were not actually worked, your timesheet will be sent to the Office of Medicaid Inspector General and Department of Labor for further review.

**Employer Signature** 

Date

**Worker Signature** 

Date