



CDC+ TIMESHEET

DIRECTLY HIRED EMPLOYEES



Employee Name _____

Employee ID# _____

Consumer Name _____

Consumer ID# _____

HOURS WORKED IN ONE WEEK BEGINNING SUNDAY _____ / _____ / _____
Month / Day / Year

Service Code	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours
TOTAL HOURS PER SERVICE CODE TO BE ENTERED INTO THE PHONE /WEBSYSTEM ENTRY CONFIRMATION (PHONE ONLY) #: _____ <div style="float: right; text-align: center;"> </div>								
TOTAL HOURS PER SERVICE CODE TO BE ENTERED INTO THE PHONE/WEB SYSTEM ENTRY CONFIRMATION (PHONE ONLY) #: _____ <div style="float: right; text-align: center;"> </div>								
TOTAL HOURS PER SERVICE CODE TO BE ENTERED INTO THE PHONE/WEB SYSTEM ENTRY CONFIRMATION (PHONE ONLY)#: _____ <div style="float: right; text-align: center;"> </div>								
Daily Total								
EMPLOYEE TOTAL HOURS FOR ALL SERVICE CODES: Caution: <u>Overtime Hours Could Result In Corrective Action</u>								

Signature of Employee: _____ Date: _____

Signature of Consumer: _____ Date: _____

IMPORTANT! – Keep this document for your records. You may be asked to produce this form as a part of the CDC+ program monitoring process.