

# CFSS – Community First Services and Supports Worker Timecard



**TIMECARD DUE MONDAY BY NOON**

- If submitted late or not in the current pay period, the timecard will be paid out next pay cycle.
- Inaccurate or incomplete timecards will be returned, which may result in delay of payment.
- Not valid if Participant is admitted to hospital, nursing home, or long-term care.
- A copy of the submitted timecard should be retained by the Representative.
- **OVERTIME MUST BE PRE-APPROVED BY LEAD AGENCY (more than 40 hours per week)**

## CODES

Staff	Activities
1:1 – Staffing	A – Bathing
1:2 – Shared Services	B – Behaviors
1:3 – Shared Services	C – Toileting
R – Respite	D – Dressing
H – Homemaker	E – Eating
C – Chore	F – Transfers
T – Training (IHS)	G – Grooming
	H – Health Related
	I – IADLs
	J – Mobility
	K – Positioning

Pay Period Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Worker Name (Print Full Name): \_\_\_\_\_

Participant Name (Print Full Name): \_\_\_\_\_

Revised Timecard (Check if Applies)

WEEK 1		SHIFT 1 (Circle AM or PM)				SHIFT 2 (Circle AM or PM)				TOTAL (Per Day)
DAY	DATE	TIME IN	TIME OUT	STAFF	ACTIVITY	TIME IN	TIME OUT	STAFF	ACTIVITY	# of HOURS
EXAMPLE	1/1/2019	11:30 <sup>(AM)</sup> PM	12:30 <sup>(AM)</sup> PM	1:1	B, F, I	1:00 <sup>(AM)</sup> PM	4:00 <sup>(AM)</sup> PM	R	J, A	4
Sunday		AM PM	AM PM			AM PM	AM PM			
Monday		AM PM	AM PM			AM PM	AM PM			
Tuesday		AM PM	AM PM			AM PM	AM PM			
Wednesday		AM PM	AM PM			AM PM	AM PM			
Thursday		AM PM	AM PM			AM PM	AM PM			
Friday		AM PM	AM PM			AM PM	AM PM			
Saturday		AM PM	AM PM			AM PM	AM PM			
<b>TOTAL HOURS PER WEEK</b>										

WEEK 2		SHIFT 1 (Circle AM or PM)				SHIFT 2 (Circle AM or PM)				TOTAL (Per Day)
DAY	DATE	TIME IN	TIME OUT	STAFF	ACTIVITY	TIME IN	TIME OUT	STAFF	ACTIVITY	# of HOURS
Sunday		AM PM	AM PM			AM PM	AM PM			
Monday		AM PM	AM PM			AM PM	AM PM			
Tuesday		AM PM	AM PM			AM PM	AM PM			
Wednesday		AM PM	AM PM			AM PM	AM PM			
Thursday		AM PM	AM PM			AM PM	AM PM			
Friday		AM PM	AM PM			AM PM	AM PM			
Saturday		AM PM	AM PM			AM PM	AM PM			
<b>TOTAL HOURS PER WEEK</b>										

**TOTAL HOURS BOTH WEEKS**

**Acknowledgement & Required Approval:** By signing below, you certify that this timecard verifies the above hours are a true and accurate record, includes all time actually worked by the Worker during this time period, and that hours were not worked while the Participant was in a hospital or care facility. All hours were pre-authorized and approved by the Representative and I agree to maintain a copy of this timecard for my records.

Worker Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Representative Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, sections 256B.0913, 256B.0915, 256B.092 and 256B.49. Under Fair Labor Standards Act, recordkeeping regulations, 29 CFR Part 516: Representatives are required to keep records including certain identifying information about Worker, timecard, including total overtime for workweek and wages earned (must be accurate).