

# Best Care FMS

# Direct Support Worker CDCS Timesheet

Employee \_\_\_\_\_

Pay Period Start Date \_\_\_\_\_

Participant \_\_\_\_\_

Pay Period End Date \_\_\_\_\_

Service \_\_\_\_\_

Hospitalization Admission: Date & Time \_\_\_\_\_ Release: Date & Time \_\_\_\_\_

## Week 1

*Record Dates as Month/Date/Year and AM/PM on each shift*

		Shift 1 Time		Shift 2 Time		Total
Date _____	THURS	In _____	Out _____	In _____	Out _____	_____
Date _____	FRI	In _____	Out _____	In _____	Out _____	_____
Date _____	SAT	In _____	Out _____	In _____	Out _____	_____
Date _____	SUN	In _____	Out _____	In _____	Out _____	_____
Date _____	MON	In _____	Out _____	In _____	Out _____	_____
Date _____	TUES	In _____	Out _____	In _____	Out _____	_____
Date _____	WED	In _____	Out _____	In _____	Out _____	_____
<b>Week 1 Total</b>						_____

## Week 2

*Record Dates as Month/Date/Year and AM/PM on each shift*

		Shift 1 Time		Shift 2 Time		Total
Date _____	THURS	In _____	Out _____	In _____	Out _____	_____
Date _____	FRI	In _____	Out _____	In _____	Out _____	_____
Date _____	SAT	In _____	Out _____	In _____	Out _____	_____
Date _____	SUN	In _____	Out _____	In _____	Out _____	_____
Date _____	MON	In _____	Out _____	In _____	Out _____	_____
Date _____	TUES	In _____	Out _____	In _____	Out _____	_____
Date _____	WED	In _____	Out _____	In _____	Out _____	_____
<b>Week 2 Total</b>						_____

**Pay Period Total** \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Participant/Rep Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**Acknowledgement:** I certify the time shown above is accurate, is time worked during the pay period, and hours were not worked while the participant was hospitalized, in a care facility or incarcerated. It is a Federal Crime to provide false information for Medical Assistance payment.

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