



The Arc Central Chesapeake Region Self-Directed Services Timesheet

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Please check if this is a CORRECTED timesheet. Please refer to the payroll calendar for timesheet submittal due dates.

EMPLOYEE NAME (please print):							PAY PERIOD #:	EMPLOYER/AUTHORIZED REPRESENTATIVE NAME (please print):					DEPT #:		
WEEK ONE							WEEK TWO								
DAY	DATE	TIME IN	TIME OUT	HOURS	SERVICE CODE	TOTAL HOURS	DAY	DATE	TIME IN	TIME OUT	HOURS	SERVICE CODE	TOTAL HOURS		
SUN							SUN								
MON							MON								
TUES							TUES								
WED							WED								
THUR							THUR								
FRI							FRI								
SAT							SAT								
WEEK 1 TOTAL							WEEK 2 TOTAL								
SERVICE CODES **		** PLEASE CONFIRM THE APPROVED SERVICE CODES AND FUNDING IN THE PERSON-CENTERED PLAN										WEEK 1 + WEEK 2 = PAY PERIOD TOTAL			
X	Personal Supports (formerly CSLA I & II)	XR	Personal Supports Retainer												
CL	Community Learning /Development Serv.	SB	Support Broker												
EB	Emergency Back-Up Staff	NS	Nursing Services												
RS	Respite														
SE	Supported Employment (formerly JC)		TIMESHEET CHECKLIST	<input checked="" type="checkbox"/> AM and PM used to differentiate time entries Rev 1/2019 <input checked="" type="checkbox"/> Time entries rounded to the nearest 1/4 hour <input checked="" type="checkbox"/> Employer & Employee sign/date after the last date of service											
ED	Employment Discovery & Customization														
EMPLOYEE SIGNATURE:							DATE:	EMPLOYER/AUTHORIZED REPRESENTATIVE SIGNATURE:					DATE:		

BY SIGNING ABOVE, I CERTIFY THAT THE HOURS OF SERVICE REFLECTED BY THIS TIMESHEET ARE TRUE AND ACCURATE AND THAT THE SERVICES ARE IN ACCORDANCE WITH MARYLAND DDA STANDARDS. FALSE INFORMATION CONSTITUTES MEDICAID FRAUD.