



# Timekeeping Selection Form

931 Spa Road | Annapolis, MD 21401

Submit by email to: [FMSPayroll@thearcccr.org](mailto:FMSPayroll@thearcccr.org)

FMS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2236

As a Participant/Designated Representative receiving Fiscal Management Services from The Arc Central Chesapeake Region, you have a choice in how timekeeping data is submitted for payroll purposes. Please use this form to indicate your preferences at this time. This form is maintained on our webpage should you decide to change your selection in the future. Once you make your selection, please utilize your selected method of timekeeping consistently unless and until you submit a new selection form.

Paycom, the payroll software system utilized by the FMS, allows for electronic time submittal. Paycom will allow you, and if you choose, your employees, ease with recording and approving time worked. Please note that you are provided a number of options below. Please review them carefully and make your selections. The Arc Central Chesapeake Region **strongly recommends** the options highlighted as **best practices** in Self-Direction.

Please allow up to one week to receive login credentials and instructions following submittal of your selection form. Thank you!

## 1. TIMEKEEPING OPTIONS (please select one of the options presented below):

**Electronic Timekeeping:** I would like to utilize the Paycom Electronic Timekeeping System to approve time for payment. (best practice)

My employer login credentials should be sent to the following email address (please print clearly):

\_\_\_\_\_

This email address belongs to:

\_\_\_\_\_

This person's relationship to me is (choose one):

- Participant /Self (best practice)       Parent (non-employee only)  
 Designated Representative (best practice)       Other (please specify\*): \_\_\_\_\_

\*Please note that, per DDA waiver guidelines, **Support Brokers are not authorized to approve timesheets for payment.**

**Timesheets:** I prefer to continue to utilize paper timesheets made available to me on The Arc Central Chesapeake Region's Self-Directed Services webpage. I understand that I have the option to change my mind later, but will need to complete this form again should I want to elect to begin electronic timekeeping. (Stop here. Do not answer question #2.)



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**2. EMPLOYEE TIME SUBMITTAL PROCESS (if you selected electronic timekeeping, please choose one of the options presented below):**

- My employees will input their own time entries online. I will then approve all time entries so that my employees can be paid. Employee login credentials should be sent to the following employee emails. *(best practice)*

Employee Name (please print)	Employee Email Address (please print clearly)

- As employer or Designated Representative, I will both input and approve all of my employees' time entries for each payroll and agree to abide by The Arc Central Chesapeake Region's FMS payroll calendar.

**SIGNATURES:**

By signing below, I attest that I have read and understand the options outlined on this selection form and I agree to abide by the terms and conditions of program participation and services provided by The Arc Central Chesapeake Region FMS. Furthermore, I certify that the hours of service submitted online will be true and accurate and all services will be in accordance with Maryland DDA standards. I understand that false information constitutes Medicaid Fraud.

Participant (please print): \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designated Representative - *if applicable* (please print): \_\_\_\_\_

Designated Representative signature: \_\_\_\_\_ Date: \_\_\_\_\_