VETERAN'S OPTIONS FOR INDEPENDENCE, CHOICE & EMPOWERMENT (V.O.I.C.E) Time Sheet

EMPLOYEE NAME: ______ LAST FOUR DIGITS OF SS # _____

VETERANS NAME:

If YES, please indicate the dates the Veteran was admitted to and discharged from the hospital or nursing home

* PERSONAL CARE SERVICES CANNOT BE PAID IF THE PARTICIPANT IS IN A HOSPITAL OR NURSING HOME.

Please Check Pay Period date range: Time In Time Out Minutes Minutes AM Service Date Hours AM PM Hours Hourly Pay Total PM Hour Type Rate Hours (Personal Care-PC, or Other- O) Ο Ο Ο \bigcirc Ο \bigcirc Ο Ο Ο Ο \bigcirc \bigcirc Ο Ο Ο Ο Ο \bigcirc \bigcirc \bigcirc Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο \bigcirc Ο \bigcirc Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο \bigcirc Ο Ο \bigcirc Ο Ο Ο Ο Ο \bigcirc \bigcirc Ο Ο Ο Ο Total Hours Worked for Current Pay Period

We (below) certify that the information provided on this form is true, accurate and complete.

EMPLOYEE SIGNATURE DATE

EMPLOYER SIGNATURE DATE

PRINT EMPLOYER NAME

Time sheets, reimbursements, employee paperwork and check requests received by ARIS Solutions after the due dates on the <u>Time Sheet and Reimbursement Schedule</u> will be processed for the next regular pay date.

Employee timesheets must be received by ARIS Solutions no longer than 30 days after the employee provides services. ARIS Solutions cannot issue payment for services provided more than 30 days before the timesheet is received. Employers must pay employees out of their own personal funds if timesheets are submitted late. Please follow the payroll schedule.



SEND TO: ARIS SOLUTIONS-C/O Veteran's Dept. PO BOX 4409 WHITE RIVER JUNCTION, VT. 05001 OUESTIONS? CALL 1-866-970-3301 FAX: 1-802-295-9812 EMAIL: veteranpayroll@arissolutions.org