

EMPLOYEE NAME: _____ **LAST FOUR DIGITS OF SS #** _____

Veteran Name: _____ **Veteran Phone #** _____

Was the Veteran admitted to a hospital or nursing home during any of these dates? Yes_____No_____

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

[illegible]

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

Employee Signature _____

Date _____

Employer Signature _____

Date _____

Timesheets received by ARIS Solutions after the due dates on the Payroll Schedule will be processed for the next scheduled pay date.

Mail timesheets to: ARIS Solutions- Veteran Dept. PO Box 4409 White River Jct., VT 05001

Secure Fax: 1.802.295.9812 **Secure Email:** veteranpayroll@arissolutions.org



Program	Service	Service Code
VDC	Direct Hire	DH

***In and Out times need to be listed in quarter hour increments. Example: 12:00pm, 12:15pm, 12:30pm, 12:45pm, etc.**

Please note it is the Veteran/Representative-Employer’s responsibility to ensure the accuracy of the service codes used. Be sure to review prior to submission, especially when a Back-up worker is utilized.

