**Is Employee Exempt from Overtime Payments?** Yes (Overtime exempt means should not be paid overtime No (Not overtime exempt means should be paid overtime wages) wages) **ARIS Solutions Time Sheet—Developmental Disabilities Services** EMPLOYEE NAME: \_\_\_\_\_ LAST FOUR DIGITS OF SS # \_ \_ \_ \_ CONSUMER NAME: \_\_\_\_\_ AGENCY: \_\_\_\_ Was the Consumer admitted to a hospital or nursing home during any of these dates? Yes\_\_\_\_\_ No\_\_\_\_ If <u>YES</u>, indicate the dates the Consumer was admitted to and discharged from the hospital or nursing home Will this employee continue to work for you? OYes ONo If no, why not: OQuit OFired O Laid Off **Effective Date:** MOST SERVICES CANNOT BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL; SERVICE CANNOT BE PAID WHILE PARTICIPANT IS ADMITED TO A NURSING HOME OR REHABILITATION FACILITY Date Start PM End Time AM PM Pay Rate Service Code Location of # of Hours Time (See Back for Codes) Service Worked (Home or Community)  $\circ$  $\circ$ 0  $\circ$  $\bigcirc$  $\bigcirc$  $\bigcirc$  $\bigcirc$  $\bigcirc$ 0  $\overline{\bigcirc}$  $\bigcirc$  $\bigcirc$  $\bigcirc$  $\overline{\bigcirc}$  $\overline{\bigcirc}$  $\overline{\bigcirc}$  $\overline{\bigcirc}$ 0  $\bigcirc$ 0 0  $\bigcirc$  $\bigcirc$  $\bigcirc$  $\bigcirc$  $\bigcirc$  $\bigcirc$ 0 0 0 0  $\bigcirc$  $\bigcirc$  $\bigcirc$  $\bigcirc$ 0 0 0 0

I (below) certify, under the pains and penalty of perjury, to the best of my knowledge, that the dates, start and end times, and hours provided on this form are true, accurate and complete. I understand that submitting an inaccurate time sheet may result in termination of the employer and/or the employee from this program and may result in civil and/or criminal penalties.

Total Hours Worked

EMPLOYEE SIGNATURE	DATE	
PRINT EMPLOYER NAME	DATE	
EMPLOYER SIGNATURE	EMAIL/PHONE	

Time Sheets must be submitted according to the payroll schedule. Electronic time sheets must be received by 12:00PM on Monday of the payroll week. Late time sheets will be processed for the next regularly scheduled program pay date.

All the above fields must be completed.

Failure to provide the necessary information may result in delays in processing payment

Mail Timesheets to:

PO Box 4409

White River Jct., VT 05001

DDSD Timesheet July 2021

Service Category	Service Code Descriptor	
<b>Community Support</b>	s	
	<b>Community Supports</b>	
	Community Supports 1:1	Community Supports 1:2
	Community Supports 2:1	Community Supports 1:3
<b>Employment Suppor</b>	rts	
	Ongoing Support to Maintain	
	<b>Employment (Job Coaching)</b>	
	Ongoing Supported Employment 1:1	
	Ongoing Supported Employment 2:1	
	Ongoing Supported Employment 1:2	
	Ongoing Supported Employment 1:3	
<b>Home Supports</b>		
	Supervised Living (Individuals Living in Own Home or	
	Apartment)	
	Supervised Living 1:1	
	Supervised Living 2:1	
	Supervised Living 1:2	
	In Home Supports (Individuals Living with Family)	
	In Home Supports 1:1	In Home Supports 1:2
	In Home Support 2:1	In Home Supports 1:3
	Shared Living Hourly (Individuals Living with SLP)	
	Shared Living Hourly 1:1	Shared Living Hourly 1:2
	Shared Living Hourly 2:1	
Respite		
	Respite Hourly	
	Respite Hourly 1:1	Respite Hourly 1:2
	Respite Hourly 2:1	Respite Hourly 1:3
	Respite Daily	-
	Respite Daily 1:1	Respite Daily 2:1
	Respite Daily 1:2	

Ratios are defined as employee:consumer (i.e., 1:2 is 1 employee providing support to 2 consumers, 2:1 is 2 employees providing support to 1 consumer).

It is important to choose the code that includes the correct employee:consumer support ratio.

The current minimum rate is \$12.05/hour or \$192.00/day. The current employer tax rate is 11.38%.

Most services cannot be provided while an individual is admitted to the hospital. Services cannot be provided while an individual is admitted to a nursing home or rehab facility.

\*This information may change; please consult <a href="www.arissolutions.org">www.arissolutions.org</a>, your case/program manager or Program Handbook to be sure that you have the current information.

The employer is responsible to ensure all employees meet program qualifications around who can be paid. If you do not see the code that best fits the service provided, please contact ARIS Solutions for assistance, or refer to the System of Care Plan for a full list of authorized codes for use with self/family-and surrogate directed services.