## **VDHCBS -Veteran's Directed Program (VDP) Time Sheet**

| EMPLOYEE NAME:  |   |            |              |          |         | LAST FOUR DIGITS OF SS # |             |          |        |                    |                |  |
|---|---|------------|--------------|----------|---------|--------------------------|-------------|----------|--------|--------------------|----------------|--|
| If <u><b>YES</b>,</u> please<br>home                          | an admitted to a he indicate the dates  CARE SERVICES | s the Vete | eran was adn | nitted t | o and d | ischarged from           | m the hospi | tal or n |        | RSING HOME.        |                |  |
| Please Enter  | Pay Period Date                                       | Range:     |              |          |         |                          |             |          |        |                    |                |  |
|   |   | Time In    |              |          |         | Time Out                 |             |          |        |                    |                |  |
| Service<br>Hour Type<br>(Personal<br>Care-PC, or<br>Other- O) | Date  | Hours      | Minutes      | AM       | PM      | Hours                    | Minutes     | AM       | PM     | Hourly Pay<br>Rate | Total<br>Hours |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              | 0        | 0       |                          |             | 0        | 0      |                    |                |  |
|   |   |            |              |          |         | Total Ho                 | ours Work   | ed for   | Currer | nt Pay Period      |                |  |
| We (below) c  | ertify that the in                                    | formatio   | n provided   | on thi.  | s form  | is true, accu            | rate and co | omplet   | e.     |                    |                |  |
| EMPLOYEE SIGNATURE  |   |            |              |          |         | DATE                     |             |          |        |                    |                |  |
| EMPLOYER SIGNATURE  |   |            |              |          |         | D 4 577                  |             |          |        |                    |                |  |
|   | PLOYER NAM  |            |              |          |         |                          |             |          |        |                    |                |  |

Time sheets, reimbursements, employee paperwork and check requests received by ARIS Solutions after the due dates on the Time Sheet and Reimbursement Schedule 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- VETERAN DEPT PO BOX 4409 WHITE RIVER JUNCTION, VT. 05001 QUESTIONS? CALL 1-866-970-3301

FAX: 1-802-295-9812

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