

# 2-Week Ugh/Dk gevkp Timesheet for Payment

**FAX 1-866-302-6787**

Have you faxed this timesheet before (is it a duplicate)? ☐ Yes ☐ No If Yes, when?

Employee Name:					Employee ID# (last 4 digits of employee's social security #)		
Member/Participant:					Is this a correction to a PRIOR Timesheet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Member/Participant's Date of Birth:					Begin Date	End Date	
Date	Time In Circle AM or PM	Time Out Circle AM or PM	Hours	Service Code	Services Provided (Please enter)		
Week 1		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
	Total Hours for Week 1 →						Must <u>not</u> be over 40
	Week 2		AM PM	AM PM			
AM PM			AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
		AM PM	AM PM				
Total Hours for Week 2 →						Must <u>not</u> be over 40	
Total Hours for Timesheet (2 weeks) →						Must <u>not</u> be over 80	

Employee Signature

Employer Signature

Date

Date

#

Employee Printed Name

Employer Printed Name

# How to Complete a Timesheet

Example:

Date		Time In CirdeAM or PM		Time Out CirdeAM or PM		Hours	Service Code	Services Provided (Please enter)
Week 1	04-23-11	AM 8:00 PM	AM 11:30 PM	3.5	99509	Prepared meals, went grocery shopping, ADLs, cleaned house.		
		AM 3:00 PM	AM 5:00 PM	2.0	99509			
	04-24-11	AM 9:00 PM	AM 12:00 PM	3.0	99509	Prepared meals, laundry, shopping, went to pharmacy.		
		AM PM	AM PM					
Total Hours for Week 1 →				8.5	Must <u>not</u> be over 40			

1. You must complete “Time In”, “Time Out”, “Hours”, “Service Code” and “Services Provided” and circle am/pm.
2. Please write clearly. All columns must be completed.
3. Employee must sign and print name in the space provided and submit to your Employer.
4. Employer must sign and print name in the space provided and submit via FAX to the number at the top of the Timesheet form.
5. Incomplete timesheets will not be processed and will be returned to the EOR.
6. Do not submit timesheets for over 40 hours of work per week.
7. In the “Services Provided” space, briefly describe the activities carried out that day to support the member/participant’s SSP outcomes.

For more information on completing timesheets, refer to the “Toolkit for Completing Timesheets.”

## SELF-DIRECTION WAIVER SERVICE CODES (for Employees)

SELF-DIRECTION WAIVER SERVICE	CODE
Community Direct Support/Navigation	H2021
Employment Supports (includes Job Coach)	T2019
Homemaker/Direct Support	99509
Respite – Standard	T1005SD
Transportation Time	T2007

Please see the Self-Direction program policy for specific provider requirements at  
[http://www.hsd.state.nm.us/mad/pdf\\_files/provmanl/prov83146.pdf](http://www.hsd.state.nm.us/mad/pdf_files/provmanl/prov83146.pdf)  
 or call the Self-Direction Helpdesk: 1-866-916-0310