

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 07/09/17 to 07/22/17

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
07/09/17												
07/10/17												
07/11/17												
07/12/17												
07/13/17												
07/14/17												
07/15/17												
SubTotals Wk 1												
07/16/17												
07/17/17												
07/18/17												
07/19/17												
07/20/17												
07/21/17												
07/22/17												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 08/06/17 to 08/19/17

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
08/06/17												
08/07/17												
08/08/17												
08/09/17												
08/10/17												
08/11/17												
08/12/17												
SubTotals Wk 1												
08/13/17												
08/14/17												
08/15/17												
08/16/17												
08/17/17												
08/18/17												
08/19/17												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 08/20/17 to 09/02/17

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
08/20/17												
08/21/17												
08/22/17												
08/23/17												
08/24/17												
08/25/17												
08/26/17												
SubTotals Wk 1												
08/27/17												
08/28/17												
08/29/17												
08/30/17												
08/31/17												
09/01/17												
09/02/17												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 09/03/17 to 09/16/17

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
09/03/17												
09/04/17												
09/05/17												
09/06/17												
09/07/17												
09/08/17												
09/09/17												
SubTotals Wk 1												
09/10/17												
09/11/17												
09/12/17												
09/13/17												
09/14/17												
09/15/17												
09/16/17												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 09/17/17 to 09/30/17

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
09/17/17												
09/18/17												
09/19/17												
09/20/17												
09/21/17												
09/22/17												
09/23/17												
SubTotals Wk 1												
09/24/17												
09/25/17												
09/26/17												
09/27/17												
09/28/17												
09/29/17												
09/30/17												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 10/01/17 to 10/14/17

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
10/01/17												
10/02/17												
10/03/17												
10/04/17												
10/05/17												
10/06/17												
10/07/17												
SubTotals Wk 1												
10/08/17												
10/09/17												
10/10/17												
10/11/17												
10/12/17												
10/13/17												
10/14/17												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 10/15/17 to 10/28/17

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
10/15/17												
10/16/17												
10/17/17												
10/18/17												
10/19/17												
10/20/17												
10/21/17												
SubTotals Wk 1												
10/22/17												
10/23/17												
10/24/17												
10/25/17												
10/26/17												
10/27/17												
10/28/17												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 10/29/17 to 11/11/17

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
10/29/17												
10/30/17												
10/31/17												
11/01/17												
11/02/17												
11/03/17												
11/04/17												
SubTotals Wk 1												
11/05/17												
11/06/17												
11/07/17												
11/08/17												
11/09/17												
11/10/17												
11/11/17												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 11/12/17 to 11/25/17

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
11/12/17												
11/13/17												
11/14/17												
11/15/17												
11/16/17												
11/17/17												
11/18/17												
SubTotals Wk 1												
11/19/17												
11/20/17												
11/21/17												
11/22/17												
11/23/17												
11/24/17												
11/25/17												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 11/26/17 to 12/09/17

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
11/26/17												
11/27/17												
11/28/17												
11/29/17												
11/30/17												
12/01/17												
12/02/17												
SubTotals Wk 1												
12/03/17												
12/04/17												
12/05/17												
12/06/17												
12/07/17												
12/08/17												
12/09/17												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 12/10/17 to 12/23/17

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
12/10/17												
12/11/17												
12/12/17												
12/13/17												
12/14/17												
12/15/17												
12/16/17												
SubTotals Wk 1												
12/17/17												
12/18/17												
12/19/17												
12/20/17												
12/21/17												
12/22/17												
12/23/17												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 12/24/17 to 01/06/18

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time	Service Provided		Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)		Time IN (AM/PM)	Time OUT (AM/PM)	
12/24/17												
12/25/17												
12/26/17												
12/27/17												
12/28/17												
12/29/17												
12/30/17												
SubTotals Wk 1												
12/31/17												
01/01/18												
01/02/18												
01/03/18												
01/04/18												
01/05/18												
01/06/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 01/07/18 to 01/20/18

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
01/07/18												
01/08/18												
01/09/18												
01/10/18												
01/11/18												
01/12/18												
01/13/18												
SubTotals Wk 1												
01/14/18												
01/15/18												
01/16/18												
01/17/18												
01/18/18												
01/19/18												
01/20/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 01/21/18 to 02/03/18

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
01/21/18												
01/22/18												
01/23/18												
01/24/18												
01/25/18												
01/26/18												
01/27/18												
SubTotals Wk 1												
01/28/18												
01/29/18												
01/30/18												
01/31/18												
02/01/18												
02/02/18												
02/03/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 02/04/18 to 02/17/18

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
02/04/18												
02/05/18												
02/06/18												
02/07/18												
02/08/18												
02/09/18												
02/10/18												
SubTotals Wk 1												
02/11/18												
02/12/18												
02/13/18												
02/14/18												
02/15/18												
02/16/18												
02/17/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 02/18/18 to 03/03/18

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
02/18/18												
02/19/18												
02/20/18												
02/21/18												
02/22/18												
02/23/18												
02/24/18												
SubTotals Wk 1												
02/25/18												
02/26/18												
02/27/18												
02/28/18												
03/01/18												
03/02/18												
03/03/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 03/04/18 to 03/17/18

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
03/04/18												
03/05/18												
03/06/18												
03/07/18												
03/08/18												
03/09/18												
03/10/18												
SubTotals Wk 1												
03/11/18												
03/12/18												
03/13/18												
03/14/18												
03/15/18												
03/16/18												
03/17/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 03/18/18 to 03/31/18

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
03/18/18												
03/19/18												
03/20/18												
03/21/18												
03/22/18												
03/23/18												
03/24/18												
SubTotals Wk 1												
03/25/18												
03/26/18												
03/27/18												
03/28/18												
03/29/18												
03/30/18												
03/31/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 04/01/18 to 04/14/18

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
04/01/18												
04/02/18												
04/03/18												
04/04/18												
04/05/18												
04/06/18												
04/07/18												
SubTotals Wk 1												
04/08/18												
04/09/18												
04/10/18												
04/11/18												
04/12/18												
04/13/18												
04/14/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 04/15/18 to 04/28/18

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
04/15/18												
04/16/18												
04/17/18												
04/18/18												
04/19/18												
04/20/18												
04/21/18												
SubTotals Wk 1												
04/22/18												
04/23/18												
04/24/18												
04/25/18												
04/26/18												
04/27/18												
04/28/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 04/29/18 to 05/12/18

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
04/29/18												
04/30/18												
05/01/18												
05/02/18												
05/03/18												
05/04/18												
05/05/18												
SubTotals Wk 1												
05/06/18												
05/07/18												
05/08/18												
05/09/18												
05/10/18												
05/11/18												
05/12/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 05/13/18 to 05/26/18

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
05/13/18												
05/14/18												
05/15/18												
05/16/18												
05/17/18												
05/18/18												
05/19/18												
SubTotals Wk 1												
05/20/18												
05/21/18												
05/22/18												
05/23/18												
05/24/18												
05/25/18												
05/26/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 05/27/18 to 06/09/18

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
05/27/18												
05/28/18												
05/29/18												
05/30/18												
05/31/18												
06/01/18												
06/02/18												
SubTotals Wk 1												
06/03/18												
06/04/18												
06/05/18												
06/06/18												
06/07/18												
06/08/18												
06/09/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 06/10/18 to 06/23/18

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
06/10/18												
06/11/18												
06/12/18												
06/13/18												
06/14/18												
06/15/18												
06/16/18												
SubTotals Wk 1												
06/17/18												
06/18/18												
06/19/18												
06/20/18												
06/21/18												
06/22/18												
06/23/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET

Documentation/Information Must Be Printed & Service Documentation Must Accompany Timesheet

Participant Name/ID # _____

Pay Period 06/24/18 to 07/07/18

Employee Name/ID # _____

Employee Address/Zip _____

Date Service Provided (MM/DD/YY)	Service Provided			Total Time	Service Provided			Total Time	Service Provided			Total Time
	Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)			Time IN (AM/PM)	Time OUT (AM/PM)		
06/24/18												
06/25/18												
06/26/18												
06/27/18												
06/28/18												
06/29/18												
06/30/18												
SubTotals Wk 1												
07/01/18												
07/02/18												
07/03/18												
07/04/18												
07/05/18												
07/06/18												
07/07/18												
SubTotals Wk 2												
Total Hours												

GROSS TOTAL AMOUNT FOR PAY PERIOD

Service & Billing Code	Hours	Rate	Total
TOTAL			

This is the approved timesheet for PDS. One timesheet shall be used for each employee. The participant/representative/employer is responsible for the accurate accounting and reporting of time. The amount referenced does not represent amount paid after taxes withheld. **By signing, the participant/ representative/ employer and employee certify that all information is true and correct. By signing, the support broker certifies the authenticity of the signatures, that policies are being upheld, that the plan of care is being followed, and that no overtime or white outs have been documented.**

Employee Signature _____ Date _____

Participant/Representative/Employer Signature _____ Date _____

Support Broker Signature _____ Date _____

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	