



ARIZONA VETERAN SELF-DIRECTED PROGRAM WORKER TIMESHEET

Worker Name: _____ ID Number: _____

Veteran Name: _____ Case ID: _____

Pay period Begins: (MM/DD/YYYY) / / Pay period Ends: (MM/DD/YYYY) / /

SERVICE TYPES:

PC - Personal Care Services | **HM** - Homemaker Services | **RS** - Respite Care Services | **VC** - Vacation | **SK** - Sick | **HD** - Holiday

Day of Week	Service Date (MM/DD)	Service Type	Time In	Time Out	# of Hours Worked
Sun	<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	
Mon	<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	
Tues	<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	
Wed	<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	
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Service Hours Total:					

The Employer and Worker certify that the information provided on this timesheet is a true and accurate statement of the services provided. The Employer and Worker understand that payment for services provided are subject to payroll taxes.

Worker Signature: _____ Date: ___ / ___ / ___

Employer Signature: _____ Date: ___ / ___ / ___

Timesheet Submission

Email: AZVSDP@premier-fms.com

Fax: 1-855-533-3076

MARKING INSTRUCTIONS

- Write in **BLACK** or **BLUE** ink only.
- Write as large and legible as possible without touching the sides of the boxes.
Do not write outside of the boxes.

X NO	X NO	✓ YES																								
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COMMON SERVICE CODE ABBREVIATIONS

SERVICE TYPE	ABBREVIATIONS
Personal Care Services	PC
Homemaker Services	HM
Respite Care Services	RS
Vacation	VC
Sick	SK
Holiday	HD

TIMESHEET CHECK-LIST

- Is my Worker ID on the timesheet (TS)?
- Is my legal name on the TS?
- Is my Veteran's legal name on the TS?
- Did I fill-in the correct pay period with the correct start and end dates?
Example (See schedule for dates): Pay period Begins: (MM/DD/YYYY) Pay period Ends: (MM/DD/YYYY)
07 / 02 / 2017 07 / 15 / 2017
- Did I fill-in the dates for the correct day of the week?
Example: July 9th is a Sunday - you would fill the first Sunday as 07/09
- Do I have the correct service codes(s) for each day worked?
- Did I review that all my hours are accurate?
- Did I sign and date my TS?
Example: If the last day you worked was July 23rd - you would sign and date the TS as 7/23/yr.
- Did my employer sign and date my TS?
- Did I make sure hours submitted are worked on or before the TS due date and signed date?
- Did I make sure the dates on the TS are for one pay period **ONLY** and do not cross with any other pay periods?
- Did I make sure I did **NOT** use white-out to make corrections?

Timesheets received that are missing any of the above information will be rejected and returned for correction. This may result in delay of payment.

Once all check boxes are checked, please submit your timesheet to Premier Financial Management Services.

WHY PORTAL TIMESHEET?

- Eliminates the risk of filling your timesheet incorrectly.
- Timesheets will be processed faster!
- It's paperless! Go GREEN!
- Can be submitted on any device with an internet connection (home, work, or smart phone).
- It is secure, confidential and can be accessed from any location at any time of the day, year round.