



Please check if this is a **CORRECTED** timesheet. Please refer to the payroll calendar for timesheet submittal due dates.

*** IMPORTANT: Service Codes and Pay Rates are REQUIRED for processing. Thank you!**

EMPLOYEE NAME (please print):							PAY PERIOD #:	EMPLOYER/AUTHORIZED REPRESENTATIVE NAME (please print):					DEPT #:		
WEEK ONE							WEEK TWO								
DAY	DATE	TIME IN	TIME OUT	HOURS	SERVICE CODE *	TOTAL HOURS	DAY	DATE	TIME IN	TIME OUT	HOURS	SERVICE CODE *	TOTAL HOURS		
SUN							SUN								
MON							MON								
TUES							TUES								
WED							WED								
THUR							THUR								
FRI							FRI								
SAT							SAT								
WEEK 1 TOTAL							WEEK 2 TOTAL								
SERVICE CODE *		PAY RATE *		HRS		Please reference the Appendix K Service Codes form for all the applicable service codes available for use on this timesheet. No other service codes apply. This timesheet may be utilized for service dates March 13, 2020, through March 12, 2021 only.					WEEK 1 + WEEK 2 = PAY PERIOD TOTAL HRS				
Questions? Please reference FMS Processing Guidance.						<input type="checkbox"/> FAMILY AS STAFF - CONSENT TO OVERRIDE OVERTIME EXEMPTION I am a family member providing services to the participant/employer. I consent to being provided 1.5 times my hourly compensation for time worked beyond 40 hours per week as a provision of Appendix K, which is in place only for service dates 3/13/20-3/12/21. I understand any wages paid to me must be within the limitations of the participant's budget.									
EMPLOYEE SIGNATURE:						DATE:	EMPLOYER/AUTHORIZED REPRESENTATIVE SIGNATURE:					DATE:			
BY SIGNING ABOVE, I CERTIFY THAT THE HOURS OF SERVICE REFLECTED BY THIS TIMESHEET ARE TRUE AND ACCURATE AND THAT THE SERVICES ARE IN ACCORDANCE WITH MARYLAND DDA STANDARDS. FALSE INFORMATION CONSTITUTES MEDICAID FRAUD.															