


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

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 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 CODES **				** PLEASE CONFIRM THE APPROVED SERVICE CODES AND FUNDING IN THE PERSON-CENTERED PLAN										WEEK 1 + WEEK 2	
X	Personal Supports (formerly CSLA I & II)			XR	Personal Supports Retainer			= PAY PERIOD TOTAL							
CL	Community Learning /Development Serv.			SB	Support Broker										
EB	Emergency Back-Up Staff			NS	Nursing Services										
RS	Respite				TIMESHEET CHECKLIST	<input checked="" type="checkbox"/> AM and PM used to differentiate time entries Rev 5/2020									
SE	Supported Employment (formerly JC)					<input checked="" type="checkbox"/> Time entries rounded to the nearest 1/4 hour									
ED	Employment Discovery & Customization					<input checked="" type="checkbox"/> Employer & Employee sign/date after the last date of service									
EMPLOYEE SIGNATURE:						DATE:	EMPLOYER/AUTHORIZED REPRESENTATIVE SIGNATURE:						DATE:		
<p align="center">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.</p>															