



Client Name: _____
(Last Name, First Name)

SHO Mainline 414-475-5356

Office is open by appointment only; call to request an appt. Mon-Fri 8 AM - 4:30 PM

Employee Name: _____
(Last Name, First Name)

Paper timesheets may only be used by employees in one of the three situations (see handbook policy on Paylocity; if uncertain contact SHO):

- (1) The employee has filed paperwork within the last 12 months that has been accepted by SHO as proof of permanent residency with client according to the terms of WI Live-In EVV Exemption and they have not lost paper timesheet privileges for timekeeping rule violations.
- (2) The employee's timesheet is being used to report companionship visit(s) only; the employee has also reported the start and end times via phone call to SHO.
- (3) SHO has instructed the employee to complete the paper timesheet for a specific client because the client does not qualify for Sandata EVV due to weekly assigned duties.

Use only black or blue pen only. Pencil and white out are not allowed.

Timesheets are due Mondays by 4:00 pm.

Fax timesheet to: (262) 421-0384

- ▶ After faxing, review the fax confirmation to make sure the fax was successful
- ▶ Keep the fax confirmation page as proof the timesheet was submitted

Email timesheet to: timesheets@shoinc.com

- ▶ Send the email from your own email account (there are several free email account providers available)
- ▶ Put your name in the subject line of the email
- ▶ You should receive an email confirming SHO received your email. If not, check our email address and send it again.
- ▶ Do not use the timesheets@shoinc.com email address for any communication other than sending timesheets

Mail to: Supportive Homecare Options, Inc. 7425 Harwood Ave. Wauwatosa, WI 53213-2626

| Day Starts at 12:00 am - End at 11:59 pm | | | | | | | | | | | | |
|--|------|------------|----------|------------|----------|------------|----------|----------------------------------|------------|----------|--|--|
| Day of Week | Date | Start Time | End Time | Start Time | End Time | Start Time | End Time | Pre-approved Companionship Shift | Start Time | End Time | Signature of Client or Legal Proxy <i>Signed daily per scheduled services</i> | |
| Sunday | | A P | A P | A P | A P | A P | A P | | A P | A P | A P | |
| Monday | | A P | A P | A P | A P | A P | A P | | A P | A P | A P | |
| Tuesday | | A P | A P | A P | A P | A P | A P | | A P | A P | A P | |
| Wednesday | | A P | A P | A P | A P | A P | A P | | A P | A P | A P | |
| Thursday | | A P | A P | A P | A P | A P | A P | | A P | A P | A P | |
| Friday | | A P | A P | A P | A P | A P | A P | | A P | A P | A P | |
| Saturday | | A P | A P | A P | A P | A P | A P | | A P | A P | A P | |

My signature acknowledges the times listed above reflect actual work. Furthermore, employee signature acknowledges they did not injure themselves on worktime. If work injury occurred, then the employee notified the office immediately to complete Employee Incident Report.

Employee Signature _____

Phone Number _____

Has the client been hospitalized, moved, or had a fall or change in condition? YES NO

Hospitalized Sick Fall Moved Rehab Not home (Travel Time) Change in Schedule

Other

If any box checked, have you contacted care coordinator department to report? YES NO

Call 414.475.5356 Date and Time: _____

Details: _____

Have the tasks been completed per the plan of care? YES NO

If no, please explain: _____

***Important - Please Read Additional Information:**

Reused timesheets are fraudulent, and will lead to disciplinary action up to termination! Clients must sign at the end of services daily.

- ▶ Timesheets are due WEEKLY! Failure to turn them in may result in suspension and further disciplinary action. SHO is not responsible for misdirected or late mail.
- ▶ Client or legal proxy must sign timesheets. If not, your pay will be delayed pending client verification of hours worked.
- ▶ Late timesheets submitted after Monday by 4pm may result in employee counseling, and will delay your pay. Do not use whiteout on timesheets.
- ▶ Know what you are signing; this is a legal document! Falsified timesheets will be turned into authorities and My Choice WI fraud investigators. Falsified timesheets (by client and/or employee) will lead to disciplinary action up to employee termination.
- ▶ Employees are responsible for reporting incidents during their scheduled shift and any changes in the clients condition to the Care Coordinator Call Center.
- ▶ Did the client go to the hospital or out of town? Is another agency working in the home? Call the Call Center immediately -- you cannot be paid for this time!

OFFICE USE ONLY

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| RMS Verified | Initials |
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