

CLC Administrative Services, Inc.

Time Sheet Guideline

Understanding of How Services are Provided:

- One week is defined by a period between Sunday 12:00 AM/00:00 to Midnight Saturday 12:00 AM/24:00.
 - Example of one week: January 3, 2021 to January 9, 2021
- One day is defined by a period beginning at 12:00 AM/00:00 to midnight 12:00 AM/24:00.
- A caregiver may provide to **only one** client during any given time frame and a client may have **only one** caregiver providing services during any time frame. **No overlapping time is permitted, regardless of where services are provided or number of caregivers providing services.**
- A client may only receive a **maximum of 16 hours** of services per day. This includes all time from all caregivers (**including using multiple caregivers**).
- A caregiver may only provide a **maximum of 16 hours** of services per day. This includes all time from all clients (including providing services to multiple clients).
- A caregiver may only provide a **maximum of 40 hours** of services per week. This includes all time for all clients and programs (including providing services to multiple clients).
- The employer is responsible for ensuring that all services are within the client's approved budget. No services are to be provided beyond the approved budget. CLC Administrative Services, Inc. will not be held liable for services being provided beyond the approved budget and cannot be processed through CLC Administrative Services, Inc. Budgets can be weekly, monthly, or yearly. Contact your Case Manager if you need assistance on the client's budget.

Timesheet Instructions:

- All timesheets must include all the following for, In-Home UAP Attendant Care Services:
 - **Name of Caregiver**
 - **Name of Client**
 - **Caregiver's 4-digit ID number (provided from CLC Administrative Services, inc.)**
 - **Client's 4-digit ID number (provided from CLC Administrative Services, inc.)**
 - **Contact for Employer:**
 - **Phone number or email address**
 - **Contact for Caregiver:**
 - **Phone number or email address**
 - **Must complete daily tasks section on timesheet. (Will need to keep a copy for yourself and send to case management.)**

Please see figure 1:

In-Home Support/UAP Attendant Care CAREGIVER Timesheet

Caregiver Name: JOHN DOE					Caregiver ID #: 1234				
Client Name: SALLEY SUE					Client ID #: 4321				
Employer Contact: (PHONE NUMBER OR EMAIL ADDRESS)					Caregiver Contact: (PHONE NUMBER OR EMAIL ADDRESS)				
DAILY TASK	Write in Dates →								
PROVIDE/ASSISTANCE WITH ADL'S									
** Bathing		✓	✓	✓					
** Dressing		✓	✓	✓					
** Grooming		✓	✓	✓					
** Personal Hygiene		✓	✓	✓					
** Transferring and Mobility									
** Assist with Commode/Urinal/Bedpan									
PREPARE AND SERVE MEAL/SNACK			✓	✓					
GENERAL HOUSEKEEPING			✓						
** <input type="checkbox"/> Vacuum <input type="checkbox"/> Mop <input type="checkbox"/> Dust		✓							
** <input type="checkbox"/> Sweep <input type="checkbox"/> Trash									
** <input type="checkbox"/> Clean Kitchen <input type="checkbox"/> Clean Oven/Stove				✓					
** <input type="checkbox"/> Defrost/Clean Refrigerator		✓							
** <input type="checkbox"/> Laundry <input type="checkbox"/> Clean Bathroom			✓						
** Clean Participant's Immediate Living Area									
SHOPPING ASSISTANCE									
** <input type="checkbox"/> Errands <input type="checkbox"/> Escort									
ASSISTANCE WITH COMMUNICATION									
MONITORING OF PARTICIPANT'S									
** <input type="checkbox"/> Vital Signs <input type="checkbox"/> Skin Condition									
** <input type="checkbox"/> Fluid Intake <input type="checkbox"/> Loss of Appetite									
REMIND TO TAKE MEDICATION		✓	✓	✓					
Other:									

Figure 1:

- Date of service
- Time In, Time out, and total of hours
- Signature of Caregiver and Employer with the date of each signature.

Please see figure 2:

Date (MM/DD/YYYY)	Time In (HH:MM)	Time Out (HH:MM)	Total Hours	Summary of Client's Condition	***Please circle AM or PM next to the time that is recorded for the time in and time out***
1/2/2021	9:00 (AM/PM)	2:30 (AM/PM)	5:30		
1/3/2021	9:00 (AM/PM)	2:30 (AM/PM)	5:30		
1/4/2021	9:00 (AM/PM)	2:30 (AM/PM)	5:30		
	(AM / PM)	(AM / PM)			Week runs from Sunday to Saturday
	(AM / PM)	(AM / PM)			
	(AM / PM)	(AM / PM)			
	(AM / PM)	(AM / PM)			
	(AM / PM)	(AM / PM)			
	(AM / PM)	(AM / PM)			
	(AM / PM)	(AM / PM)			
	(AM / PM)	(AM / PM)			
	(AM / PM)	(AM / PM)			
	(AM / PM)	(AM / PM)			
Grand Total Hours:			16:30		

By signing below, both the caregiver and employer have reviewed and agree that the timesheet is correct, and the above hours are within the client's budget and have been worked by the caregiver.

Caregiver/Employer Signature: (handwritten signature)	Date: 1/4/2021
Guardian/Employer Signature: (handwritten signature)	Date: 1/4/2021

Figure 2:

- All timesheets must include all the following for Respite Services:
 - **Name of Caregiver**
 - **Name of Client**
 - **Caregiver’s 4-digit ID number (provided from CLC Administrative Services, inc.)**
 - **Client’s 4-digit ID number (provided from CLC Administrative Services, inc.)**
 - **Phone Number for Caregiver**
 - **Caregiver Email address**
 - **Phone Number for Employer**
 - **Employer Email address**

Please see figure 3:

Respite CAREGIVER Timesheet	
Caregiver Name: John Doe	Caregiver ID #: 1234
Street Address: 123 lane	Caregiver Phone: (864) 123-4567
City, State ZIP: Spartanburg, SC, 29306	Caregiver Email: abc@gmail.com
Client Name: Salley Sue	Client ID #: 4321
Street Address: 456 Drive	Employer Phone: (864) 123-7890
City, State ZIP: Spartanburg, SC, 29307	Employer Email:123@gmail.com

Figure 3:

- **Date of service**
- **Time In, Time out, and total of hours**
- **Signature of Caregiver and Employer with the date of each signature**

Please see figure 4:

Date (MM/DD/YYYY)	Time In (HH:MM)	Time Out (HH:MM)	Total Hours	Summary of Client's Condition
1/2/2021	9:00 AM	2:30 AM	5:30	
1/3/2021	9:00 AM	2:30 AM	5:30	
1/4/2021	9:00 AM	2:30 AM	5:30	
	(AM / PM)	(AM / PM)		
	(AM / PM)	(AM / PM)		
	(AM / PM)	(AM / PM)		
	(AM / PM)	(AM / PM)		
	(AM / PM)	(AM / PM)		
	(AM / PM)	(AM / PM)		
	(AM / PM)	(AM / PM)		
	(AM / PM)	(AM / PM)		
	(AM / PM)	(AM / PM)		
	(AM / PM)	(AM / PM)		
	(AM / PM)	(AM / PM)		
	(AM / PM)	(AM / PM)		
	(AM / PM)	(AM / PM)		
Grand Total Hours:			16:30	

Please circle AM or PM next to the time that is recorded for the time in and time out

Week runs from Sunday to Saturday

By signing below, both the caregiver and employer have reviewed and agree that the timesheet is correct, and the above hours are within the client's budget and have been worked by the caregiver.

Caregiver/Employer Signature: (handwritten signature)	Date: 1/4/2021
Guardian/Employer Signature: (handwritten signature)	Date: 1/4/2021

Figure 4:

- All time in and time out must include either “AM” or “PM”. **Midnight** should be written as **12:00 AM/00:00** and noon should be written as **12:00 PM**. (Time will be processed as what is seen on the timesheet.)
 - Failure to provide the “AM” or “PM” to indicate times will result in the timesheet not being processed and would need to be corrected and resubmitted.
- If a caregiver works past midnight, the time past midnight must be reported on a separate line due to this being a new day.
 - Example-a caregiver starts work on 1/2/2021 at 11:00PM and works until 4:00 AM the next morning, 1/3/2021. It would be written like the example below:

Date (MM/DD/YYYY)	Time In (HH:MM)	Time Out (HH:MM)	Total Hours
1/2/2021	11:00 AM PM	12:00 AM PM	1.00
1/3/2021	12:00 AM PM	4:00 AM PM	4.00

- The timesheet must be signed and dated by the caregiver and employer. The date must be the last date of services being provided or submission date.
- Neither the employer nor the caregiver can sign for one another. No photocopied signatures are allowed. Any signatures that look as if it is photocopied will result in the timesheet not being processed.
- Separate timesheets are to be submitted for each client and for each week services are provided.

Timesheet Deadline:

- Timesheets must be received by Respite Clerk (or designee) **no later than 12 PM on Monday** of each week.
- Timesheets are to be submitted on a weekly basis.
- Timesheets are to be sent to the case manager.
- Timesheets can be provided to CLC Administrative Services, Inc. by:
 - a. **Email (preferred method):**
pr.respite@charleslea.org
 - b. **Fax:**
(864) 562-2118
 - c. **Mail:**
Attention-Respite Payroll
195 Burdette Street
Spartanburg, SC 29307

- It is the employer and caregiver's responsibility to ensure that the timesheets are turned in before this deadline as **NO EXCEPTIONS** will be made.
 - a. Confirmations cannot be provided due to the size of payroll.
- **Timesheets are to be within the current pay period for processing only. Timesheets that have previous dates that are not within the current pay period will need to be signed off by the client's case manager or financial board designee stating they are aware of the dates being previous dates and that it is approved for those dates to be paid out.**
- If errors are found after the submission deadline then time sheets involved will not be processed and will need to be corrected and re-submitted. No exceptions.
- A time sheet that has been returned will need to be re-sent/re-submitted with the word "corrected" written across the top of the re-sent/re-submitted timesheet. Failure to make this note on the timesheet can result in the timesheet not being processed at all.

Important Resource:

All forms (timesheets, pay schedules, etc...) can be found on the website below:

<https://www.charleslea.org/programs/respite-services.html>