

Understanding My Timecard Self Study Inservice QUIZ



You record the hours you work on a legal document called a time card. The time card is your official statement that you have actually worked these hours.

1. You must use a separate time card for each person you provide services for. Enter the dates for each day of the week in consecutive order. Draw a line through any of the dates and times that you were not working for the person listed on the card.
2. Write your initials next to all the activities you provided for each date you worked. Activities must be in the person's care / service plan and done during your work schedule when you are submitting the hours for payment.
3. Enter the time you arrived and the time you left for each visit made on any one date. You must enter the hour and minute of arrival and of departure and circle "AM" or "PM."
4. The employee and the person or the responsible party must sign the time card after all details are complete.
5. Notice the warning on the bottom of the time card just above the signature boxes: *You must be careful only to bill for hours you actually worked and complete the time card and signatures after the hours have been worked. If there are multiple employees working, make sure there are no overlapping hours.*
6. Do NOT use white out on time cards - if you make an error, draw a line through error and correct it making sure your consumer initials any changes.

Please review the time card that is enclosed and then initial each of the statements below and return to Cherish LLC. Please note that there are two time cards attached, one is for PCA services and one is for Homemaker services.

Employee Initials

- _____ 1) I understand that my time card must have consecutive dates in the MM/DD/YY format.
- _____ 2) I understand that I must initial cares according to the Care / Service Plan and that I may only bill for services provided.
- _____ 3) I understand that there must be a line drawn through dates that I do not work.
- _____ 4) I understand that I need to document Time In and Time out and may only bill for actual hours worked.
- _____ 5) I understand that I may NOT work for my Consumer while my Consumer is hospitalized or out of the home.
- _____ 6) I understand that reporting fraudulent information on legal medical documents, such as time sheets, is a federal crime.
- _____ 7) I understand that I must have original signatures on my time card after I have worked the hours.
- _____ 8) I understand that I may not get paid if I am not with my Consumer.
- _____ 9) I understand that I can only work 40 hours per week or 16 hours in one day unless Cherish authorizes a change.

Employee Signature

Date