Lori Knapp CHOICE™
Part of the AssuranceSD Family

TIMESHEET

Timesheet Checklist

Is my legal name on the TS?

Is my Participant's legal name on the TS?

Did I fill in the correct pay period with the correct start and end dates?

Example (See schedule for dates):

Pay Period Begins: (MM/DD/YYYY) 07 / 01 / 2024

Pay Period Ends: (MM/DD/YYYY) 07 / 15 / 2024

Did I review that all my hours are accurate?

Did I sign and date my TS?

Did my Participant sign and date my TS?

Example: If the last day you worked was July 23rd - you would sign and date the TS as 7/23/yr.

Did I make sure the hours submitted are worked on or before the TS due date and signed date?

Did I use standard time (not military time)?

Did I make sure the dates on the TS are for one pay period **ONLY** and do not cross with any other pay periods?

Did I make sure I did **NOT** use white-out to make corrections?

Did I round to the nearest 15 min?

MARKING INSTRUCTIONS FOR TIMESHEET

- Write in **BLACK** or **BLUE** ink only.
- Write as large and legible as possible without touching the sides of the boxes. **Do not write outside of the boxes.**

Timesheets received that are missing any of the above information will be rejected and returned for correction. This may result in a delay of payment.

Once all check boxes are checked, please submit your timesheet to Lori Knapp Choice™.

Is there an emergent issue and one party (member) is unable to sign?

Please note the timesheet, submit the timesheet according to schedule, and call to speak with our payroll specialist. We can request approval from the care team but require time to do so.

OFFICE USE ONLY

Lori Knapp CHOICE™
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TIMESHEET

Direct Care Worker Name: _____ Participant: _____

Pay Period Beginning (MM/DD/YYYY): _____ Pay Period Ending (MM/DD/YYYY): _____

ATTENTION: Timesheets received after the payroll schedule due date will be paid with the following payroll. NO EXCEPTIONS. Lori Knapp Choice™ is not responsible for paying hours that exceed the authorized hours. Falsification of this timesheet is considered Medicaid fraud and may result in dismissal from the program and/or criminal prosecution.

Do not use white-out to make corrections.

Date (MM/DD/YY)	Service Code	Time In (HH:MM)	Time Out (HH:MM)	Total Hours
		☐ AM ☐ PM	☐ AM ☐ PM	
		☐ AM ☐ PM	☐ AM ☐ PM	
		☐ AM ☐ PM	☐ AM ☐ PM	
		☐ AM ☐ PM	☐ AM ☐ PM	
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Page: _____ of _____ For any questions or concerns, please contact our office at 608.326.0434. **Service Hours Total:** 0

MEMBER / POA / GUARDIAN

"I, the Participant, certify that the above Direct Care Worker worked the hours listed, the services were provided in accordance with the care plan, and the Participant was NOT in a hospital, nursing home, or institution.

DIRECT CARE WORKER

"I, the Direct Care Worker of this Participant, certify that the hours worked and listed were provided in accordance with the care plan, and the Participant was NOT in a hospital, nursing home, or institution.

Signature must be dated on or after the last day worked. This is a legal document.
A wet signature from both parties is required.

Signature _____ Date _____

Signature _____ Date _____

Email _____ Phone _____

PLEASE CHOOSE YOUR FUNDING SOURCE: [SELECT ONE]

Submit Timesheet to Lori Knapp Choice™

If completing a printed timesheet, write in your correct Funding Source / County Name.

It is your responsibility to verify that your completed and accurate timesheet has been received by Lori Knapp Choice™ once submitted via mail, fax, or email. Please allow 48 hours before verification contact.

Mail
106 S Beaumont Rd
Prairie du Chien, WI 53821

Email
payroll@LoriKnappChoice.com

Fax
844.634.7225

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