



Electronic Visit Verification (EVV)/Employee Time Sheet  
Scanned: \_\_\_\_\_

(Initial/Date Audited: \_\_\_\_\_ Initial/ Date

WEEK From: \_\_\_\_\_ to: \_\_\_\_\_ EMPLOYEE Name: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_ PAGE \_\_\_\_ of \_\_\_\_

\*Purpose of Form: Electronic Visit Verification when **CONFLICTS** show up in Electronic Visit Verification System per Federal and State Regulation.

\*Purpose of Form: Accurate time entry for employee payroll.

\*If TR: Travel is entered under Type of Service, then enter odometer reading with Time of Service Start and End

| TYPE of Service | DATE of Service | TIME & Odometer Service Started | LOCATION of Service at Start Time | TIME & Odometer Service Ended | LOCATION of Service at End Time | Total Time & or Mileage | SIGNATURE of Employee for Verification of Service Provided | SIGNATURE of Client or Representative (on file) for Verification of Service Provided | (CONFLICTS WITH EVV) <i>Call Agency, Then document per guidance.</i> |
|-----------------|-----------------|---------------------------------|-----------------------------------|-------------------------------|---------------------------------|-------------------------|--|--|--|
|                 |                 |                                 |                                   |                               |                                 |                         |  |  |  |
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|                        |                         |  |             |           |  |  |  |  |  |
|------------------------|-------------------------|--|-------------|-----------|--|--|--|--|--|
| Type of Service Codes: |                         |  |             |           |  |  |  |  |  |
| ATTC: S5125U7UA        | PCA: Private Pay/ Other |  | T: Training | O: Office |  |  |  |  |  |



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|                |                         |  |            |  |  |  |
|----------------|-------------------------|--|------------|--|--|--|
| HMK: S5130U7UA | CMP: Companion Services |  | TR: Travel |  |  |  |
|----------------|-------------------------|--|------------|--|--|--|