

# FMS TIME VERIFICATION RECORD



A nonprofit serving people with disabilities

THIS IS FOR RECORD-KEEPING PURPOSES ONLY. The support manager is required to enter the hours worked into the portal for payroll processing. If time is not entered in the portal by the noon deadline, payroll will not be processed.

EMPLOYEE NAME:	PARTICIPANT NAME:
EMPLOYEE ID:	PARTICIPANT ID:
JOB TITLE:	SUPPORT MANAGER NAME:

	SUN	MON	TUE	WED	THUR	FRI	SAT	
<b>DATE:</b>								
<b>Time In</b>	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	
<b>Time Out</b>	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	
<b>Time In</b>	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	
<b>Time Out</b>	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	
<b>Daily Total</b>								
	<b>TOTAL</b>							

	SUN	MON	TUE	WED	THUR	FRI	SAT	
<b>DATE:</b>								
<b>Time In</b>	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	
<b>Time Out</b>	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	
<b>Time In</b>	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	
<b>Time Out</b>	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	
<b>Daily Total</b>								
	<b>TOTAL</b>							

**ACKNOWLEDGEMENT AND REQUIRED SIGNATURES:** I certify that the time shown above is accurate, includes all the time actually worked up through the last work date shown on this form, and that hours were not worked while the Participant was hospitalized, in a care facility or incarcerated. It is a Federal crime to provide materially false information on service billings for Medical Assistance or services provided under a Federally approved waiver plan as authorized under Minnesota's Statutes sections; 256B.0913, 256B.0915, 256B.092 and 256B.49.

EMPLOYEE SIGNATURE:	DATE:
SUPPORT MANAGER SIGNATURE:	DATE:

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