

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
DATE:							
Time In	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Time Out	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Time In	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Time Out	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Daily Total							
TOTAL							

	SUN	MON	TUE	WED	THUR	FRI	SAT
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
TOTAL							

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:

MAIL: Lifeworks Services, Inc.
2965 Lone Oak Drive, Suite 160, Eagan, MN, 55121

EMAIL: fmsttime@lifeworks.org

FAX: 1-866-416-3971