

## North Dakota Semi-Monthly Timesheet

<b>Participant name</b>		<b>Employee name</b>	
<b>Participant ID #</b>		<b>Employee ID #</b>	
		<b>Hourly wage</b>	

**Month service provided:** \_\_\_\_\_

**Service Provided:** \_\_\_\_\_

**Pay period:**  1<sup>st</sup> - 15<sup>th</sup>       16<sup>th</sup> - last day of month       Full month

Date worked	Start time (include AM/PM)	End time (include AM/PM)	Total hours worked (to the nearest quarter hour)

- Please use black ink only – do not use pencil, colored ink or gel pens.
- Please do not submit more than a month of hours on one timesheet.
- Late payment requests may require additional approval.
- Rates of pay listed on this timesheet must match the employee rate sheet.

Date worked	Start time (include AM/PM)	End time (include AM/PM)	Total hours worked (to the nearest quarter hour)

**Total hours worked**

By my signature below, I certify and attest that the services that are being submitted for payment have been delivered and received in accordance with the Participant's plan of care. I declare that I am eligible to receive payment through a Medicaid Program and do not appear on any Federal or State Exclusion Lists, and I do not have a criminal history that would exclude me from payment. I understand that payment of this claim may be from the use of Federal and State funds, and that I may be prosecuted under applicable Federal or State laws, for any false claims, statements or documents or concealment of material fact. Misuse of funds may result in me being fined or penalized including but not limited to the repayment of this claim, collection costs, and legal fees. I understand that any costs incurred due to the submission of a false claim is my legal responsibility. In addition if I am paid in error I understand it is my responsibility to repay the funds paid to me in error. I also authorize Veridian to withdraw/withhold any overpaid funds from future payroll. Medicaid fraud is considered a crime and will be investigated and is punishable by law.

\_\_\_\_\_  
**Employee's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employer's signature**

\_\_\_\_\_  
**Date**

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