

Veteran's Directed Semi-monthly timesheet

Veteran name		Employee name	
VA number		Social Security number	
		Services authorized to provide	
		Hourly wage	

Month service provided: _____

Pay period: ☐ 1st - 15th ☐ 16th - 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)	Service provided	Notes

- 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.
- Veridian Fiscal Solutions must receive this timesheet within 30 days of the last day service was provided.
- Services listed on this timesheet must match the service listed on the Veteran's budget.

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

Total hours worked – listed by service

Example: 10 hours Respite, 20 hours SCL

Total hours listed on timesheet

Example: 10 + 20 = 30

I certify that the employee whose name appears on this timesheet has worked the hours indicated. I understand that by signing an employee timesheet that contains false information I am committing fraud and legal action may occur because of my actions.

The employer (Veteran) also agrees that he/she is responsible for paying: 1) any employee wages or support costs that exceed his/her budget and 2) employee wages for work performed that was not listed on his/her budget.

Employee's signature

Date

Employer's signature

Date

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- Services listed on this timesheet must match the service listed on the Veteran's budget.