FLORIDA CDC+ WEEKLY TIMESHEET

CDC+ Consumer-Directed Care Plus

agency for persons with disabilities State of Florida

Employee:	Evita Employee	**Employee ID Number**		1	2	3	4	5	6	**Plan Sections** R = Services Section S = Savings Plan T = Short Term Expenditures
Consumer:	Caroline Consumer	**Consumer ID Number**	1	2	3	4	5	6	7	
Consumer/Representative contact information if APD has questions:	Phone #: xxx-xxx-xxxx	Email: xxxxxxxxxxxxx@xxxxxxxx.xxx								

Year: **2008** From Monday, **6/16** through Sunday, **6/22**

Date Worked		Service	Enter Plan Section*	Back Up	Time IN						Time OUT						Time IN						Time OUT						Total Hrs.
Mo	Day	Code			H	H	M	M	AM	PM	H	H	M	M	AM	PM	H	H	M	M	AM	PM	H	H	M	M	AM	PM	Worked
06	16	032	R	N	0	7	0	0	AM		0	9	1	5	AM		0	8	0	0	PM		0	9	3	0	PM		3.75
06	16	011	R	N	0	2	0	0	PM		0	5	0	0	PM														3.00
06	17	032	R	Y	0	8	0	0	AM		1	0	0	0	AM														2.00
06	20	011	R	N	0	2	0	0	PM		0	5	0	0	PM														3.00
06	21	046	S		0	6	0	0	PM		1	0	0	0	PM														4.00
06	22	046	T		0	4	0	0	PM		1	0	0	0	PM														6.00

Service Code Totals:													
	#	32R	3.75	#	11R	6.00	#	46T	6.00	#			
	#	32RE	2.00	#	46S	4.00	#			ALL:	**21.75**		**21.75**

This is required information: **Live-in Employee:** **Yes:** ☐ **No:** ☐

Employee Signature	Date	Consumer/Representative Signature	Date

We certify that the above information is true, accurate and complete. (Signatures of both employee and consumer/representative are required.)

NOTE:

1. You must indicate if the employee is a live-in employee. To qualify as a live-in, the employee must live with the consumer or stay overnight during the course of providing the service. Live in employees are not paid time and a half when they work more than 40 hours in a work week.
2. The CDC+ work week is from 12:00 AM (midnight) on Monday to 11:59 PM on Sunday.
3. ***The consumer/representative is responsible for entering the Section of the Purchasing Plan** in which the employee's services are budgeted. If budgeted in Services, enter R; if budgeted in Savings, enter S; if budgeted in the Short Term Expenditures section, enter T.
4. **The consumer/representative is responsible for entering a Y or N in the Back Up column** if the employee is working as an Emergency Back Up (EBU) provider based on the approved Purchasing Plan that covers this work week. EBUs are only budgeted in the Services Section.