

FOR OFFICE USE ONLY
Employer Name: _____ PT#: _____

W.O.R.K. Timesheet

Month _____, 2010, 1st pay period

Attendant Name: _____

Hourly Wage: _____

Date	In AM	Out AM	In AM	Out PM	In PM	Out PM	Total Hours
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
Total							

This timesheet accurately represents the allotted hours and approved rate of pay from the approved Individualized Budget. Misuse of the funds provided by Medicaid in the monthly WORK allocation for personal services is considered Medicaid fraud. An example of such fraud is when the employer knowingly has an attendant work when the employer is not present to supervise or when the employer is hospitalized. In both cases no hours can be worked or submitted for payment. It is my responsibility to report misuse of these funds to the Working Healthy/WORK Program Manager at the Kansas Health Policy Authority (KHPA).

Attendant Signature: _____

Employer Signature: _____

Employer Name Printed: _____

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Notes: _____ FAX _____ ORIGINAL _____ DE: _____

FOR OFFICE USE ONLY
Employer Name: _____ PT#: _____

W.O.R.K. Timesheet

Month _____, 2010, 2nd pay period

Attendant Name: _____

Hourly Wage: _____

Date	In AM	Out AM	In AM	Out PM	In PM	Out PM	Total Hours
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Total							

This timesheet accurately represents the allotted hours and approved rate of pay from the approved Individualized Budget. Misuse of the funds provided by Medicaid in the monthly WORK allocation for personal services is considered Medicaid fraud. An example of such fraud is when the employer knowingly has an attendant work when the employer is not present to supervise or when the employer is hospitalized. In both cases no hours can be worked or submitted for payment. It is my responsibility to report misuse of these funds to the Working Healthy/WORK Program Manager at the Kansas Health Policy Authority (KHPA).

Attendant Signature: _____

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Employer Name Printed: _____

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Notes: _____ FAX _____ ORIGINAL _____ DE: _____

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