**Mi Via COVID-19 Emergency Over 40 hrs. Homemaker/Direct Support Services Timesheet**

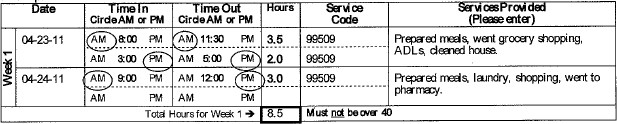
**Form and timesheet must be submitted by twelve noon (12:00 pm) the Monday after the Pay Period ends.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: | | | | | | | | | Employee ID# (last 4 digits of employee’s social security #): | |
| Member/Participant: | | | | | | | | |
| Member/Participant’s Date of Birth: | | | | | | | | | Pay Period Begin  Date | Pay Period End  Date |
| **Date** | | **Time In**  **Circle AM or PM** | | **Time Out**  **Circle AM or PM** | | | **Hours** | **Service Code** | **Services Provided**  **(Please enter)** | |
| **Week 1** |  | AM  AM | PM  PM | AM  AM | | PM  PM |  |  |  | |
|  | AM  AM | PM  PM | AM  AM | | PM  PM |  |  |  | |
|  | AM  AM | PM  PM | AM  AM | | PM  PM |  |  |  | |
|  | AM  AM | PM  PM | AM  AM | | PM  PM |  |  |  | |
|  | AM  AM | PM  PM | AM  AM | | PM  PM |  |  |  | |
|  | AM  AM | PM  PM | AM  AM | | PM  PM |  |  |  | |
|  | AM  AM | PM  PM | AM  AM | | PM  PM |  |  |  | |
| Total over time Hours for Week 1 | | | | | | |  | **Must not be over 40** | | |
| **Week 2** |  | AM  AM | PM PM | | AM AM | PM PM |  |  |  | |
|  | AM  AM | PM  PM | | AM  AM | PM  PM |  |  |  | |
|  | AM  AM | PM  PM | | AM  AM | PM  PM |  |  |  | |
|  | AM  AM | PM  PM | | AM  AM | PM  PM |  |  |  | |
|  | AM  AM | PM  PM | | AM  AM | PM  PM |  |  |  | |
|  | AM  AM | PM  PM | | AM  AM | PM  PM |  |  |  | |
|  | AM  AM | PM  PM | | AM  AM | PM  PM |  |  |  | |
| Total over time Hours for Week 2 | | | | | | |  | **Must not be over 40** | | |
| **Total Hours for Timesheet (2 weeks)** | | | | | | |  | **Must not be over 80** | | |

Employee Signature Date Employee Printed Name

Employer Signature Date Employer Printed Name

**How to Complete Overtime Timesheet**



1. Time worked up to 40 hours shall still be entered and approved in FOCoS.
2. Overtime hours shall be entered and requested by the EOR using the paper timesheet.
3. Please write clearly. All columns must be completed.
4. You must complete “Time In”, “Time Out”, “Hours”,
5. The only “Service Code”, approved for overtime is 99509 Homemaker/Direct

Support Services.

1. In the “Services Provided” space, briefly describe the activities carried out that day to

support the member/participant’s SSP outcomes.

1. Employer and Employees must sign, date and print their name in the space

provided.

1. Please email this form and the paper overtime timesheet to HSD and DOH. Please indicate

in the email Subject line: ***COVID-19 Overtime Request****.*

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Melanie Buenviaje, HSD: [melanie.buenviaje@state.nm.us](mailto:melanie.buenviaje@state.nm.us)

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1. The form and timesheet must be submitted by twelve noon (12:00 pm) the Monday after

the Pay Period ends. If documents are received after this time, there is no guarantee that

the overtime request will be processed or paid.

* If you do not have access to a scanner, you can take a picture of the completed, signed and approved forms and send the photo to all three email addresses.
* E-Signatures will be accepted.

1. Incomplete timesheets will not be processed and will be returned to the Consultant

and Employer.