

**Participant-directed Community Supports/ Participant-directed Worker (PDW)
Sick Time Claim Form**



Sick Time Claim Forms are for claiming sick time only. Regular time must be recorded and submitted for pay on a timesheet. Sick Time Claim Forms are processed on the same pay cycle as timesheets. Due to the timing of the payroll cycle, late forms will result in late pay. Advance claim forms will not be accepted. You are required to submit this timesheet to Consumer Direct DC no later than 180 days from the date of service.

PDW Name (Please Print)	Employee ID	Participant Name (Please Print)	Participant ID
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Service Code: T1019U1X1

Claim Date (MM/DD/YYYY)

Start Time

End Time

1	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM
2	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM
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6	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM
7	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM
8	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM
9	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM
10	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM
11	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM
12	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM

I certify that the sick time claimed above is within the time allowed by DHCF rules. The Participant has approved this time. The Participant was not in a hospital, nursing home, or institution. False information or misrepresentation constitutes Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.

PDW Signature

Date (MM/DD/YY)

Participant/Representative Signature

Date (MM/DD/YY)



Sick Time Claim Form Instructions

These items must be completed for your Sick Time Claim Form to be processed:

- **PDW Name**
- **Employee ID**
- **Participant Name**
- **Participant ID**
- **PDW Signature & Date**
 - Must be dated on or after the last day worked.
- **Participant/Rep Signature & Date**
 - Must be dated on or after the last day worked.

Each line of time must include:


- Claim Date (MM/DD/YYYY format for each line)
- Start Time (with AM/PM)
- End Time (with AM/PM)

Make sure your Sick Time Claim Form is filled out completely and correctly, with all entries made neatly inside the boxes. Payment may be delayed if letters or numbers are not printed neatly inside the boxes WITHOUT touching any lines, or are not readable.

Please continue on a second claim form if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.

For best results use **BLACK** ink

Shade circles completely, like this: 

Not like this: 

Fill boxes like this:

A	B	C	1	2	3
---	---	---	---	---	---

Not like this:

A	B	C	1	2	3
---	---	---	---	---	---

Back page is for information only. Please do not submit it with your timesheet.

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