

Annual Self – Direction

Employee Timesheet/ Training Requirements

Employee Name :	
Participants Name:	

PLEASE USE THIS TIMESHEET FOR TRAINING ONLY!

**** MUST be neatly written/ date in order of completion/ NO white out/ times cannot overlap**

- A) Mandated Reporter Training
- B) Infection Control
- C) Fire Safety Training
- D) Corporate Compliance/ HIPPA

Please note: AIM Services only pays up to 5.30hrs for training; training pay rate is \$11.00/hr.

**** Please Include AM /PM when entering time**

Date	Section	Start Time	End Time	Total Hours (mins/hrs)	Training Names (as started above)	Initials
Grand Total of Hours (Total cannot exceed 5.30 hours)						

Signing and submitting false information may lead to a charge of Medicaid Fraud

Signature of Employee: _____ **Initials:** _____ **Date:** _____

For FI use only—Payroll Authorization _____ (FEA Initials)

Participant: Ordinals to FI