

Missed/Incomplete Punch Form

*Date of Service: _____ * Program: Community Habilitation / Respite
(One form for each date)

*Employee: _____

*Individual: _____

IN	***OUT***	***AUTHORIZATION***
*Time in: _____ AM/PM	*Time out: _____ AM/PM	<p>I have been given the opportunity to express my needs and concerns regarding my services. This information is accurate, truthful and was completed contemporaneously. I understand that failure to comply with these standards is considered fraudulent under Medicaid law. I also understand that my failure to cooperate will result in disciplinary action and the employee, guardian or family member may be subject to civil and/or criminal penalties and forfeiture of funds for services previously disbursed.</p>
*Explanation for the missed/incomplete Punch in	*Explanation for the missed/incomplete Punch out	<p>I understand that it is my responsibility to punch in at the beginning of my shift, document services provided and punch out at the end of my shift. As stated and acknowledged in the New Hire training, any missed/incomplete punch may result in having my pay for that shift deferred until the next pay period.</p>
_____	_____	_____
_____	_____	*Employee Signature & Date
_____	_____	_____
_____	_____	* Parent /Individual Signature & Date
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
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