



North Carolina CAP/C Bi-Weekly Time Sheet
Time Sheets are due the Monday after the pay period worked.
Please fax to 866-463-7589 or email to: outreach.nc@outreachfiscalagent.com

Participant Name _____

Last 4 of Employee SS# _____

Employee Name _____

Week 1	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Weekly Total 
Date mm/dd/yy								
Code								
Time In	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Time Out	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Time In	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Time Out	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Daily Total								

Week 2	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Weekly Total 
Date mm/dd/yy								
Code								
Time In	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Time Out	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Time In	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Time Out	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Daily Total								

Code Legend:	T2027 Personal Care Assistance	T2027 TF Personal Care Assistance Congregate	
	S5150 PCA Respite	T1019 Pediatric Nurse Aide	T1004 Nurse Respite
		S5125 Personal Care Services	

Check here if your employee lives with you and is exempt from overtime pay. ☐

The participant was hospitalized this pay period on the following days: _____

Employee/Employer: I certify that the work hours listed above are accurate, that the services provided are in accordance with the current tasks authorized and that services were NOT provided while the Participant was in a hospital, nursing home, or other Medicaid-reimbursed healthcare facility. I understand that falsification of this time sheet is considered Medicaid Fraud, and may result in dismissal from the program and criminal prosecution. / Certifico que las horas de trabajo mencionadas anteriormente son precisas, y que los servicios provenientes son de acuerdo con las tareas autorizadas. Certifico que los servicios no fueron provenientes mientras que el participante estaba en un hospital, asilo de ancianos, o otro centro de atencion medica reembolsado por Medicaid. Entiendo que la falsificacion de esta hoja de tiempo se considerará fraude de Medicaid y puede resultar en la expulsion del programa y enjuicamiento penal.

Employer/PR Signature Firma Empleado/Date _____

Employee Signature Firma Empleado/Date _____