

# EVV MANUAL ENTRY FORM

**DREAM TEAM OF LA, INC.**

**DUE MONDAY**

42334 Deluxe Plaza, Suite 3, Hammond, La 70403

985-340-3958 office, 985-340-3961 fax, 877-406-3958, Office Time: Mon – Fri 8am – 4pm

**Documenting Time:** Check in/out using EVV. Write date, time for each shift that you couldn't log in EVV. Client/Authorized Rep must sign. Time Sheets are due by 4pm. Time Sheets must remain in the home book until it's time to submit to office. No white out.

**Program:** NOW: Day\_\_ Night\_\_ **SIL:** Day\_\_ Night\_\_ **SW-T**\_\_ **SW-S**\_\_ **CC**\_\_  
**CCW**\_\_ **ADHC**\_\_ **LT-PCS**\_\_ **Training**\_\_ **CONTRACT**\_\_

<b>EMPLOYEE NAME: (PRINT ONLY)</b>	
<b>CONSUMER NAME:</b>	

DAY OF WEEK	DATE	START TIME	END TIME	START TIME	END TIME	REASON FOR NOT CLOCKING IN / OUT	TOTAL HOURS
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
<b>TOTAL HOURS</b>							

<b>EMPLOYEE SIGNATURE:</b>	<b>DATE:</b>
<b>CONSUMER SIGNATURE:</b>	<b>DATE:</b>
PROGRAM REPRESENTATIVE:	DATE:
ACCOUNTS PAYABLE:	DATE:
ACCOUNTS RECEIVABLE:	DATE:

**I understand that above hours are true and correct and have been approved by the Consumer/Agency. I understand that time sheets that are late and/or incomplete will be delayed for payroll processing.**