



NURSING VENDOR TIMESHEET *Sample Timesheet*

Timesheets are due by every Monday at 5 PM

VENDOR NAME: **NPORT** VENDOR CODE:

LAST NAME: **Mary** FIRST NAME: **Johnson** RN LICENSE # **1 2 3 4 5 6**

Week Beginning: (Saturday) **8 / 31 / 20 19** Week Ending: (Friday) **9 / 6 / 20 19**

	MON		TUES		WED		THURS		FRI		SAT		SUN	
DATE	9/2/2019 DATE		9/3/2019 DATE		DATE		9/5/2019 DATE		9/6/2019 DATE		DATE		DATE	
DISTRICT/ SCHOOL NAME or ATS DBN	22 / PS 232 <small>DISTRICT/ SCHOOL NAME or ATS DBN</small>		22 / PS 232 <small>DISTRICT/ SCHOOL NAME or ATS DBN</small>		<small>DISTRICT/ SCHOOL NAME or ATS DBN</small>		9 / PS 151 <small>DISTRICT/ SCHOOL NAME or ATS DBN</small>		9 / Lincoln HS <small>DISTRICT/ SCHOOL NAME or ATS DBN</small>		<small>DISTRICT/ SCHOOL NAME or ATS DBN</small>		<small>DISTRICT/ SCHOOL NAME or ATS DBN</small>	
SCHOOL COVERAGE	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out
	8:00	3:00	8:30	3:00	:	:	8:30	2:30	:	:	:	:	:	:
AFTERSCHOOL	3:00	5:00	:	:	:	:	:	:	:	:	:	:	:	:
TRIP	:	:	:	:	:	:	:	:	9:00	1:00	:	:	:	:
SPECIAL EVENTS (specify below)	:	:	:	:	:	:	:	:	:	:	:	:	:	:
TOTAL HOURS WORKED	9		6.5		0		6		4					
CONFIRMATION #														
Principal/ Authorized Name (PRINT) and Title	Principal / John Smith		Principal / John Smith				Assistant Principal Barbara Jones		Payroll Coordinator Rosie Jackson					
Principal/ Authorized Signature	<i>John Smith</i>		<i>John Smith</i>				<i>Barbara Jones</i>		<i>Rosie Jackson</i>					
DATE SIGNED	9/2/2019		9/3/2019				9/5/2019		9/6/2019					
COMMENTS:														

HOURS SHOULD NOT OVERLAP

Early & Periodic Screening, Diagnosis & Treatment Labor Allocation

School Coverage & Special Events ONLY

ACTIVITY CODE	MON	TUES	WED	THUR	FRI	SAT	SUN
1	:	:	:	:	:	:	:
2	:	:	:	:	:	:	:
3	:	:	:	:	:	:	:
4	:	:	:	:	:	:	:
5	:	0 : 45	:	1 : 00	:	:	:
6	8 : 30	5 : 15	:	4 : 00	:	:	:
7	:	:	:	:	:	:	:
8	:	:	:	0 : 30	:	:	:
9	:	:	:	:	:	:	:
10	:	:	:	:	:	:	:
11	0 : 30	0 : 30	:	0 : 30	:	:	:
12	:	:	:	:	:	:	:
13	:	:	:	:	:	:	:
TOTAL HOURS WORKED	9	6:30		6			

Your EPSDT Labor Allocation must match the total hours worked each day in 15 minute increments

Employee/ Nurse Signature & Date: *Mary Johnson / 9/6/2019*

ACTIVITY CODE SUMMARY DESCRIPTIONS

OUTREACH

Code 1 Medicaid Programs

Identifying children potentially eligible for Medicaid & informing them/their families of EPSDT/health services.

Code 2 Non-Medicaid Programs

Informing children/families about Non-Medicaid programs & how to access.

ASSISTING WITH ELIGIBILITY

Code 3 Medicaid Program

Helping families apply for Medicaid

Code 4 Non-Medicaid Programs

Helping families apply for SSI, CHPP, day care, etc.

DIRECT SERVICES

Code 5 First Aid, Patient Counseling, Therapeutic Care

Providing direct services including patient assessment, follow-up, counseling & all related paperwork (including ASHR entry).

SERVICE REFERRAL, COORDINATION & MONITORING

Code 6 Medical Services

Making referrals for coordinating and/or monitoring delivery of medical & mental health services. Note: Does NOT include State DOE-mandated vision screening, immunizations & entry exams.

Code 7 Non-Medical Services

Making referrals for coordinating and/or monitoring delivery of social, educational & other services. Note: Does NOT include State DOE-mandated services listed above.

PROGRAM PLANNING, DEVELOPMENT & INTRA/INTERAGENCY COORDINATION

Code 8 For Medical Services

Developing systemic strategies to improve the coordination & delivery of medical/dental/mental health services to students.

Code 9 For Non-Medical Services

Developing systemic strategies to improve the coordination & delivery of non-medical and/or DOE-mandated services to students.

ADMINISTRATION

Code 10 Supervision & Training

Supervising/being supervised & attending training & staff or school meetings.

Code 11 Uncompensated Time

Any uncompensated time for example lunch time.

SCHOOL-RELATED & EDUCATIONAL

Code 12 School-Related & Educational Activities

Examples:

- Conducting group/class health education such as Open Airways & violence prevention & anti-smoking campaigns.
- Record-keeping for school immunizations, vision screening & entry exams (DOE-mandated).
- Organizing student records at beginning & end of year.
- Preparing student records for transfers.

INDIVIDUAL EDUCATIONAL PROGRAM (IEP)

Code 13 Individual Education Program (IEP)

Any IEP functions, tasks and services provided.

Overall Note : Record-keeping for any activity is generally included in the time spent on that activity.

Vendors please email completed timesheet to EPSDT@health.nyc.gov

KEY REMINDERS

- When arriving at your school assignment, you must report your time of arrival to both your agency and the NYC DOE Nursing Liaison within 20 minutes of arrival.
- Time exceeding or deviating from the scheduled hours for your assignment must have prior approval. Please notify your agency and the NYC DOE Nursing Liaison immediately.
- Timesheets must be originals, and the use of whiteout is prohibited.
- If you have to stay past your scheduled end time, please notify the liaison that you called in the morning and Lori Brennan.
- **Timesheets are due every Monday by 5 PM**