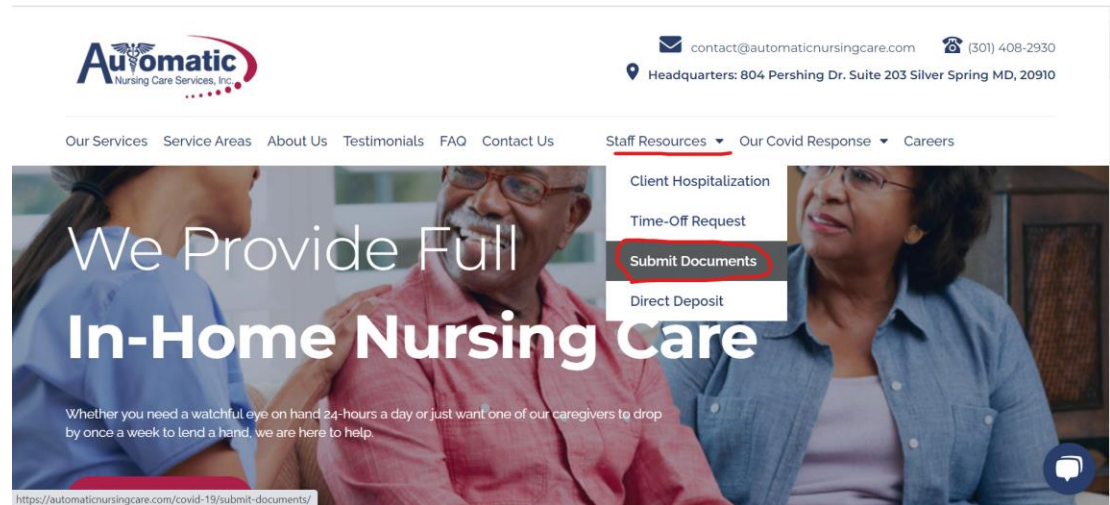


Timesheet Detailed Instructions:

How to submit a Timesheet:

1. Use any web browser and go to www.automaticnursingcare.com
2. Click on "Staff Resources" then click on "Submit Documents"



- a. <https://automaticnursingcare.com/covid-19/submit-documents/>
3. Scroll to the bottom and click on "Submit Time-Sheet"

Electronic Bi-weekly Time-sheet Submission

We will not be accepting any paper time sheets beginning on 04/13/2020. Please use this form if you currently use/submit a paper time sheet.

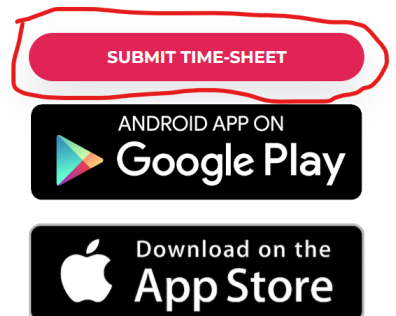
This form is **not to be used** if you are currently using a **phone and OTP device** to clock in/clock out your time (i.e. ISAS and CFC staff).

If you plan on using a mobile device to submit this form please download this app:

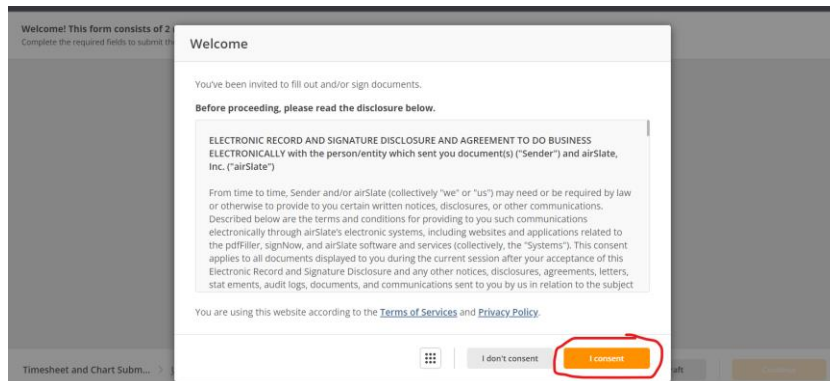
Android: [Click here to download.](#)

Apple: [Click here to download.](#)

[How to Submit a Time-sheet Guide \(For Computers\)](#)

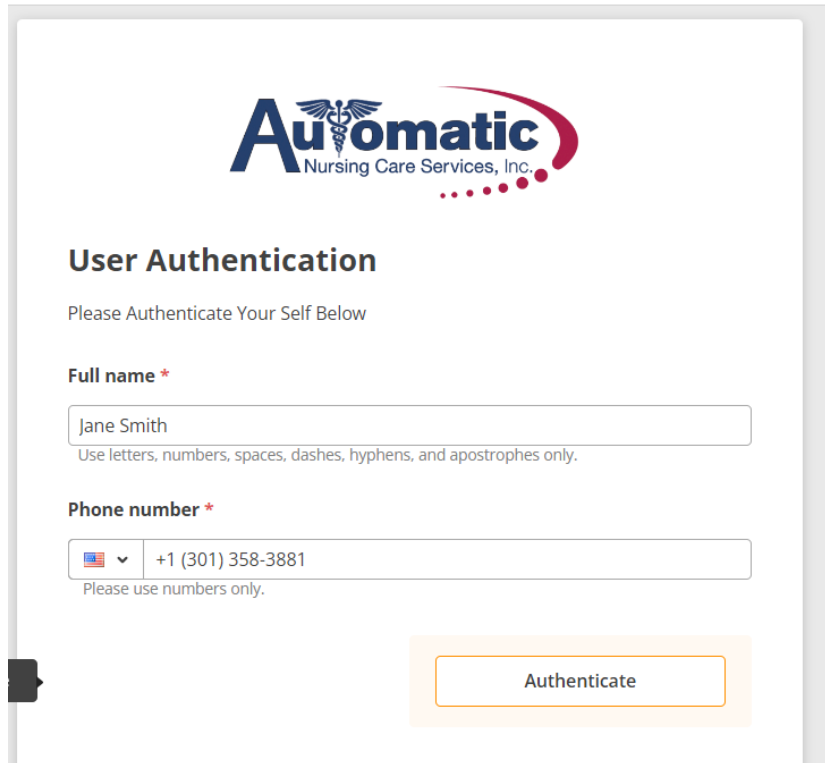


- a.
4. Review the terms and "Consent" to the conditions:



a.

5. Authenticate by entering in Full Name and Cell Phone Number.
 - a. Then click "Authenticate."



The screenshot shows a web form for user authentication. At the top is the logo for Automatic Nursing Care Services, Inc., featuring a caduceus and the word "Automatic" in a large, blue, serif font, with "Nursing Care Services, Inc." in a smaller, blue, sans-serif font below it. The form title is "User Authentication" in bold black text. Below the title is the instruction "Please Authenticate Your Self Below". There are two main input sections: "Full name *" with a text box containing "Jane Smith" and a note "Use letters, numbers, spaces, dashes, hyphens, and apostrophes only."; and "Phone number *" with a dropdown menu showing a US flag and "+1 (301) 358-3881" and a note "Please use numbers only.". A large orange "Authenticate" button is at the bottom right of the form area.

- b.
 - c. A text message will be sent with a code to enter. Then click "Submit" to proceed.



Confirm your phone

Find a confirmation code sent to +1 (301) 358-3881. Your confirmation code will expire in 30 minutes.

Your confirmation code

3 4 2 – 4 1 0

Keep this window open while checking your phone.
Haven't received the code? Get another one.

Submit

6. Complete Timesheet Info:

- a. Corporation Invoice or Individual Timesheet
 - i. If you are paid under a Company Name or LLC: **Select “Corporation Invoice”**
 - ii. If you are paid under your name: **Select “Individual Timesheet”**
- b. Select the correct “Timesheet Type”
 - i. Regular Hours=Current Payroll Hours
 - ii. School Hours=MCPS, FCPS, PGCPs hours
 - iii. Retro Hours= Hours for a previous pay period
 - iv. Respite Hours=Supplemental hours paid by a secondary insurance
- c. Select Requested Pay date
 - i. Select the date when you would like to be paid.

Timesheets are due every payroll Monday by 11:59PM

Timesheet Info

Corporation Invoice or Individual Timesheet *

Corporation Invoice (Select if you are paid under a company name)
 Individual Timesheet

Timesheet Type *

Regular Hours ▼

Enter Requested Pay Date *

Friday, August 19, 2022 ▼

- d.
- 7. Continue to fill in the required information under:
 - a. Nurse Information
 - i. Nurse Email
 - b. Client information
 - i. Client ID (Select Unknown ID if necessary)
 - ii. Client Name
 - iii. Client Address
- 8. Fill out the Timesheet grid below
 - a. Enter Date, Time-In, Time-out, and Total Hours for each shift.
 - b. Click add row if necessary.

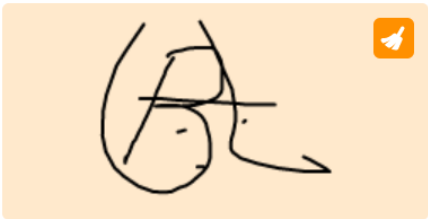
Timesheet *

| * Date | * Time-In | * Time-Out | * Total Ho | |
|--------------|------------|------------|------------------|---|
| 09/11/2... X | 07:00 AM X | 07:00 PM X | 12 | X |
| MM/DD... | HH:mm A | HH:mm A | 123 | X |
| MM/DD... | HH:mm A | HH:mm A | 123 | X |
| | | | Total: 12 | |


+ Add row

- c.
9. Sign Timesheet under “Nurse Signature” then allow Client to sign under “Client Signature” and enter in their name under “Authorized Person Name”
 - a. Authorized Party=the name of the client or authorized person approving your timesheet

Nurse Signature *



Client Signature (Authorized Person) *



Authorized Person Name *

- b. By signing this form I certify under Penalty of Perjury that I have carefully
10. Finally Click “Complete” once all fields have been filled.
 - a.

You have filled in all the required fields.

Save as draft | **Complete**