

# Travel Time Tracking Sheet

## Provider Statement of Understanding:

Payment will not be made for any travel time over the maximum allowed in your CBA unless required due to an approved exception. No additional charges shall be imposed to either the employer (recipient), the Department, Area Agency on Aging or any CDDP/Brokerage under this agreement. Any falsification or concealment of a material fact may be prosecuted under federal and state laws.

- ✓ You may only be paid for **travel time** if you provide authorized services for more than one employer on the same work day.
- ✓ Your **travel time** must be the most **direct and reasonable route**. If it takes a significantly longer amount of time to travel due to unforeseen construction, traffic, or weather incident, please provide documentation whenever possible.
- ✓ If there is a **significant break** in time to take care of **personal business** after completing work for one employer before you go to another employer's home, you may not be paid for travel time.
- ✓ When filling out the Travel Time Tracking Sheet, the prime number may be found on your voucher. If your mode of transportation is not a personal vehicle, please write in the mode of transportation next to the "from address" on each line that it applies.
- ✓ Attach additional sheets if necessary.
- ✓ This form will be sent back to you if any corrections are needed.

## Key terms to understand:

- A **significant break** in time is defined as 60 minutes.
- **Travel time** is traveling from an employer's care setting to a different employer's care setting. Authorized services must have been provided at both locations. Travel is based upon the mode of transportation taken and is based upon the same workday only.
- **Direct and reasonable route** means the quickest and safe way to travel from one consumer's care setting to the next consumer's care setting based upon the mode of transportation taken.
  - It is important to understand that you are only paid for time spent traveling to the next consumer's care setting. Time spent on personal business will not be paid.
- **Personal business** includes, but is in no way limited to, the following activities; grocery shopping, stopping at your home, stopping at a family member or friends house, or stopping for lunch.

I affirm that the travel time reported on this form is for actual dates and times I traveled directly between consumer care settings on the same day. The hours I am claiming do not exceed 10% of the total hours I worked during the pay period. I understand that these travel time sheets will be audited periodically and that the information reported is true, accurate and complete.



**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Travel Time Tracking Sheet



Provider Name:	Provider #:
Pay Period:    /    /    to    /    /	Programs worked this pay period: <input type="checkbox"/> APD <input type="checkbox"/> ODDS <input type="checkbox"/> AMH

Date	Address leaving from:	Recipient Prime #	Time left
			AM/PM
Travel time	Address arriving at:	Recipient Prime #	Time arrived
			AM/PM
Date	Address leaving from:	Recipient Prime #	Time left
			AM/PM
Travel time	Address arriving at:	Recipient Prime #	Time arrived
			AM/PM
Date	Address leaving from:	Recipient Prime #	Time left
			AM/PM
Travel time	Address arriving at:	Recipient Prime #	Time arrived
			AM/PM
Date	Address leaving from:	Recipient Prime #	Time left
			AM/PM
Travel time	Address arriving at:	Recipient Prime #	Time arrived
			AM/PM

# Travel Time Tracking Sheet



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Date	Address leaving from:	Recipient Prime #	Time left
			AM/PM

Travel time	Address arriving at:	Recipient Prime #	Time arrived
			AM/PM

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Date	Address leaving from:	Recipient Prime #	Time left
			AM/PM

Travel time	Address arriving at:	Recipient Prime #	Time arrived
			AM/PM

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Date	Address leaving from:	Recipient Prime #	Time left
			AM/PM

Travel time	Address arriving at:	Recipient Prime #	Time arrived
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Date	Address leaving from:	Recipient Prime #	Time left
			AM/PM

Travel time	Address arriving at:	Recipient Prime #	Time arrived
			AM/PM

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Date	Address leaving from:	Recipient Prime #	Time left
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Travel time	Address arriving at:	Recipient Prime #	Time arrived
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Maximum Payable Travel Time Calculation

**\*\*\*HCW Travel Time Compensation may not exceed 10% of your authorized hours for the pay period\*\*\***

- Add up all the hours you are authorized for the pay period.
- Multiply the total hours by 10% (or .1). The total is the maximum amount that may be paid for the pay period.

**Note to Homecare Workers:**

Upon completion of this Travel Time Tracking Sheet, you may either submit it to your local APD or AAA office, or you may mail it directly to:

**Department of Human Services  
Attn: HCW Travel Time Processing  
500 Summer St NE, E-10  
Salem OR 97301**