

IRIS Participant Hired Worker Time Report

Print Participant Hired Worker Name

Participant Hired Worker Number: _____ Service Month: _____

Date Worked	# of Hours to be paid	# of Days to be Paid	Service Type
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			
8th			
9th			
10th			
11th			
12th			
13th			
14th			
15th			
TOTALS			

Date Worked	# of Hours to be paid	# of Days to be Paid	Service Type
16th			
17th			
18th			
19th			
20th			
21st			
22nd			
23rd			
24th			
25th			
26th			
27th			
28th			
29th			
30th			
31st			
TOTALS			

Participant Employer's Name and Address

I (We) certify that the information provided on this time report is a true and accurate statement of the services provided. I (We) understand that payment for services provided are subject to payroll taxes.

To be processed, the time report must include participant hired worker number, service type, total number of hours, service month, participant employer or guardian signature and participant hired worker signature.

Participant Hired Worker's Signature	Date

Participant Employer/Guardian's Signature	Date

Send time report to:
 Mail: iLIFE, 2020 W. Wells St.
 Milwaukee, WI 53233
 Fax: 414-937-2034
 Email: IRIS.TimeReports@iLIFEfms.com

Please call iLIFE at 1-888-800-5599
 or email IRIS@iLIFEfms.com with any questions.

Service Types:
 S=SHC P=Personal Care R=Respite
 O=Overnight IS=Indirect Supervision