

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