



# Orion ISO Financial Services Timesheet

PA

CONSUMER NAME: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

DUES DATES ARE THE 4TH & 19TH OF EACH MONTH

COUNTY: \_\_\_\_\_

Month: \_\_\_\_\_ Pay Period: \_\_\_\_\_ 1st-15th of the month \_\_\_\_\_ 16th-last day of the month \_\_\_\_\_

Week 1		Time In	Time Out	Time In	Time Out	Regular	Other	Respite	Asleep	Total
Day	Date	AM / PM	AM / PM	AM / PM	AM / PM	Hours	Hours	Hours	Hours	Hours
Sun										
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
<b>Total Hours Week 1</b>										

Week 2		Time In	Time Out	Time In	Time Out	Regular	Other	Respite	Asleep	Total
Day	Date	AM / PM	AM / PM	AM / PM	AM / PM	Hours	Hours	Hours	Hours	Hours
Sun										
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
<b>Total Hours Week 2</b>										

Week 3		Time In	Time Out	Time In	Time Out	Regular	Other	Respite	Asleep	Total
Day	Date	AM / PM	AM / PM	AM / PM	AM / PM	Hours	Hours	Hours	Hours	Hours
Sun										
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
<b>Total Hours Week 3</b>										

**Pay Period Total**

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Special Notes-use for Other Hours, rates of pay, etc:

**Mail to:**  
 Orion ISO Inc Attn: Payroll  
 9400 Golden Valley Road  
 Golden Valley, MN 55427  
**email: ISO-payroll@orionassoc.net**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Phone: 763-450-3785  
 Fax Toll Free: 1-844-450-5566

\_\_\_\_\_  
Managing Employer Signature

\_\_\_\_\_  
Managing Employer Phone #