



IRIS Participant Hired Worker Time Report

Print Participant Hired Worker Name
1 John Doe

Participant Hired Worker Number: **2** 123456

Service Month and Year: **3** July 2015

Date Worked	# of Hours to be paid	# of Days to be Paid	Service Type
4 1st			
2nd	2		SS
3rd	2		PC
4th	3		PC
5th	1		SS
6th	3 / 1		SS / PC
7th	1 / 3		SS / PC
8th	2 / 1		SS / PC
9th	1 / 3 / 2		SS/PC/R
10th	2		SS
11th	2		SS
12th	1		SS
13th	3 / 1		SS / PC
14th	2 / 2 / 1		SS/PC/R
15th			
10 TOTALS	20 / 16 / 3		SS/PC/R

Date Worked	# of Hours to be paid	# of Days to be Paid	Service Type
16th			
17th	2		SS

Participant Employer's Name and Address
5 John Smith
 123 W. Street
 City, State 54321

Areas that must be filled out:

- 1 = Participant Hired Worker Name
- 2 = Participant Hired Worker Number
- 3 = Service Month and Year
- 4 = Hours worked information (# of Hours to be Paid, # of Days to be Paid, and Service Type)
- 5 = Participant Employer's Name and Address
- 6 = Participant Hired Worker's Signature
- 7 = Date Participant Hired Worker signed time report (must be on or after last day worked)
- 8 = Participant Employer Signature
- 9 = Date Participant Employer signed time report (must be on or after last day worked)
- 10 = Total hours per code for each pay period

IMPORTANT: iLIFE cannot issue payment until all required areas are filled out.

25th	4.5		SS
26th	2		SS
27th	2		PC
28th	1.25		SS
29th		1	SHC
30th			
31st	2	1	SS/SHC
10 TOTALS	11.75 / 2	SHC=2	SS/PC

Participant Hired Worker's Signature	Date
6 John Doe	7 7/31/2015

Participant Employer/Guardian's Signature	Date
8 John Smith	9 7/31/2015

Important:

Both signature dates must be on or later than the last day worked, and signature dates must be listed in mm/dd/yyyy format.

SAMPLE