



Choice. With Confidence.

Submit timesheets by: • Fax 1-800-441-1569 and 1-888-339-2554
• Email: NCIL@iLIFEfms.com
• Mail: iLIFE, 6100 North Baker Road, Glendale, WI 53209

Attendant Timesheet

Attendant Number: _____

Period Begins: _____ Consumer Name: _____

Period Ends: _____ Attendant Name: _____

Table with 7 columns: Day of Week, Date mo/day, Start time hh:mm am/pm, Stop time hh:mm am/pm, Start time hh:mm am/pm, Stop time hh:mm am/pm, Total Hours hh:mm. Rows for SUNDAY through SATURDAY.

Total hours for week 1: _____

Table with 7 columns: Day of Week, Date mo/day, Start time hh:mm am/pm, Stop time hh:mm am/pm, Start time hh:mm am/pm, Stop time hh:mm am/pm, Total Hours hh:mm. Rows for SUNDAY through SATURDAY.

Total hours for week 2: _____

Total hours for both weeks: _____

I certify that I worked the hours shown on this timesheet on the days indicated, and that this timesheet has been signed by the person receiving the services or his or her legal representative.
Attendant Signature: _____ Date: _____

As the person receiving the services, I certify that the Attendant's hours shown on this timesheet are correct and that the work was performed satisfactorily.
Consumer Signature: _____ Date: _____