# iLIFE Fiscal Agent Employee Timesheet

**Service Provider/Employee Name**

**Employee Number**

**Program**

**Pay Period End Date:** _____

**Employer/Client Name and Address**

| DATE WORKED | START TIME | END TIME | # HOURS WORKED | DAILY RATE | SERVICE TYPE |
|---|---|---|---|---|---|
| | AM PM | AM PM | | | |
| | AM PM | AM PM | | | |
| | AM PM | AM PM | | | |
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| | AM PM | AM PM | | | |
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| | AM PM | AM PM | | | |

**Hours must be recorded in 15-minute increments. For example: 1:00 PM, 1:15 PM, 1:30 PM, 1:45 PM.**

**Service Types:**
Supportive Home Care = S  Personal Care = P  Respite Care = R  Chore = C


| DATE WORKED | START TIME | END TIME | # HOURS WORKED | DAILY RATE | SERVICE TYPE |
|---|---|---|---|---|---|
| | AM PM | AM PM | | | |
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| | | **TOTALS:** | | | |
|---|---|---|---|---|---|


**Service Types:**
Supportive Home Care = S  Personal Care = P  Respite Care = R  Chore = C


The Employee and Employer/Client/Representative certify that the information provided on this form is a true and accurate statement of the services provided. The Employee and Employer/Client/Representative understand that payment for services provided are subject to payroll taxes.

**ONLY ONE PAY PERIOD PER TIMESHEET**

Late timesheets are processed the next pay period.

**IMPORTANT:**
**Timesheets must be submitted within 60 days of service. Timesheets for services provided more than 60 days ago will not be paid.**

| **Service Provider/Employee's Signature** | **Date** |
|---|---|
| | |

| **Employer/Client/Representative's Signature** | **Date** |
|---|---|
| | |

iLIFE
iLIFE, LLC Fiscal Agent

Mail this timesheet to:
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Milwaukee, WI 53208

Email: fiscal@iLIFE.org
Fax Number: 414-918-8130
For additional forms, go to iLIFE.org

Please call iLIFE at 888-490-3966 with questions on how to fill out this form.