



# IRIS Participant-Hired Worker Timesheet

Day of Week	Date MM / DD	Service Code	Service Code	Service Code	Service Code
Sun	/	.	.	.	.
Mon	/	.	.	.	.
Tue	/	.	.	.	.
Wed	/	.	.	.	.
Thu	/	.	.	.	.
Fri	/	.	.	.	.
Sat	/	.	.	.	.
Total Hours - Week 1		.	.	.	.

Day of Week	Date MM / DD	Service Code	Service Code	Service Code	Service Code
Sun	/	.	.	.	.
Mon	/	.	.	.	.
Tue	/	.	.	.	.
Wed	/	.	.	.	.
Thu	/	.	.	.	.
Fri	/	.	.	.	.
Sat	/	.	.	.	.
Total Hours - Week 2		.	.	.	.

Participant-Hired Worker Number:

Participant-Hired Worker First Name:

Participant-Hired Worker Last Name:

Participant First Name:

Participant Last Name:

Pay period Begins: (MM/DD/YYYY)

Pay period Ends: (MM/DD/YYYY)

Participant-hired workers may not be paid more than the service amount authorized on the participant's plan.

### SUBMIT TIMESHEETS:

Fax: 414-937-2034

Email: IRIS.TimeReports@iLIFE.org

Mail: iLIFE, P.O. Box 80439, Milwaukee, WI 53208

Please call iLIFE at (888) 800-5599 with any questions on how to complete this form.

The Participant Employer/Guardian and Participant Hired Worker certify that the information provided on this time report is a true and accurate statement of services provided and, also understand that payment for services provided is subject to payroll, tax, and withholding rules.

Participant-Hired Worker Signature: \_\_\_\_\_

Date: / /  
MM DD YYYY

Participant Signature: \_\_\_\_\_

Date: / /

### Timesheet Instructions




- In the time reporting area (on the left):
  - In the Date column, write the dates for each day of the pay period.
  - In the Service Code columns, write the service code abbreviation for each service provided.
  - For each day worked, write the total numbers of hours worked for each service in the appropriate Service Code column.
  - In the Total Hours row, write the total hours worked for each Service Code.
- In the worker/participant information area (on the right):
  - Fill in all requested information.
- The participant-hired worker and participant sign and date the timesheet (at the bottom).
- Submit the timesheet to iLIFE by the due date.

### Guidelines

- Hours worked should not exceed authorized hours. IRIS does not guarantee payment for any hours worked beyond those authorized.
- Both the participant employer and participant-hired worker must sign and date the timesheet. Both signatures must be dated on or after the last day worked.
- Record hours for only one pay period per timesheet. For pay period dates, see the payroll schedule.
- Record hours for only one employer/employee per pay period per timesheet. If an employee works for multiple participants, he/she will need a different timesheet for each participant employer for each pay period.
- Timesheets must be submitted by the due date listed on the payroll schedule. (This will typically be every other Friday.)
- Please allow 3-5 business days to receive your paper check in the mail. We are unable to process a stop payment request until five (5) business days after the pay date.

### Marking Instructions

- Write in BLACK or BLUE ink only. Do not use pencil.
- Write as large as possible without touching the sides of the boxes or extending outside of them.

 <b>CORRECT</b> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>S</td><td>H</td><td>C</td><td></td><td></td></tr> <tr><td>4</td><td>.</td><td>2</td><td>5</td><td></td></tr> </table>	S	H	C			4	.	2	5		 <b>INCORRECT</b> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>S</td><td>H</td><td>C</td><td></td><td></td></tr> <tr><td>4</td><td>.</td><td>2</td><td>5</td><td></td></tr> </table>	S	H	C			4	.	2	5		 <b>INCORRECT</b> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>S</td><td>H</td><td>C</td><td></td><td></td></tr> <tr><td>4</td><td>.</td><td>2</td><td>5</td><td></td></tr> </table>	S	H	C			4	.	2	5	
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### Ways to Submit

**Email:** IRIS.TimeReports@iLIFE.org  
**Mail:** iLIFE, P.O. Box 80439, Milwaukee, WI 53208  
**Drop Box:** 2020 W. Wells Street, Milwaukee, WI 53233  
**Fax:** 414-937-2034  
**Alternate Fax Numbers:** 414-908-9237; 414-921-1117; 262-735-0620;  
 715-203-0340; 920-227-2580; 888-809-1224

### Sample Timesheet Area

	Dates for that workweek. ↓	Code abbreviation for service provided. ↓	Code abbreviation for next service provided. ↓		
Day of Week	Date MM/DD	Service Code S H C	Service Code P C		
Sun	03 / 17	. . . .	. . . .		
Mon	03 / 18	. . . .	. . . .		
Tue	03 / 19	4 . 0 0	. . . 5 0		
Wed	03 / 20	3 . 0 0	. . . 5 0		
Thu	03 / 21	3 . 0 0	3 . 2 5		
Fri	03 / 22	4 . 2 5	1 . 0 0		
Sat	03 / 23	3 . 5 0	1 . 0 0		
<b>Total Hours - Week 2</b>		1 7 . 7 5	6 . 2 5		

Total hours for the service in this column (SHC) for the week.

Total hours for the service in this column (PC) for the week.

Total hours for the service in this column for that day (Sunday, 3/12).

### Common Service Code Abbreviations

Service Type	Timesheet Abbreviation
Supportive Home Care - Routine	SHC
Supportive Home Care - Supervision	SS
Supportive Home Care - Companion Care	CC
Supportive Home Care - Chores	C
Personal Care	PC
Respite	R

For a full list of service types and abbreviations, contact your IRIS Consultant.