



Choice. With Confidence.

Submit timesheets by: • Fax 1-800-441-1569 and 1-888-339-2554
• Email: NCIL@iLIFE.org
• Mail: iLIFE, 2020 West Wells Street, Milwaukee, WI 53233

Attendant Timesheet

Attendant Number: \_\_\_\_\_

Period Begins: \_\_\_\_\_ Consumer Name: \_\_\_\_\_

Period Ends: \_\_\_\_\_ Attendant Name: \_\_\_\_\_

Table with 7 columns: Day of Week, Date, Start time, Stop time, Start time, Stop time, Total Hours. Rows for SUNDAY through SATURDAY.

Total hours for week 1: \_\_\_\_\_

Table with 7 columns: Day of Week, Date, Start time, Stop time, Start time, Stop time, Total Hours. 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: \_\_\_\_\_