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	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	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:
Daily Living Skills = DLS Respite = R Mentoring = M Child Care = C

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

		TOTALS:			

Service Types:
Daily Living Skills = DLS Respite = R Mentoring = M Child Care = 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:
iLIFE Fiscal Agent
P.O. Box 90980
Milwaukee, WI 53209

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.