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

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

	TOTALS:			

Service Types:
Daily Living Skills = DLS Respite Care = 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.