



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@iLIFEfms.com

Mail: iLIFE, P.O. Box 91760, Milwaukee, WI 53209

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

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

✓ CORRECT

✗ INCORRECT

✓ CORRECT

✗ INCORRECT

✓ CORRECT

✗ INCORRECT

Ways to Submit

Email: IRIS.TimeReports@ILIFems.com
 Mail: ILIFE, P.O. Box 91760, Milwaukee, WI 53209
 Drop Box: 6100 N. Baker Road, Glendale WI 53209
 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

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.

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.

Sample Timesheet Area

Day of Week	Date MM/DD	Service Code	Service Code	Service Code
Sun	3/12			
Mon	3/13			
Tue	3/14			
Wed	3/15			
Thu	3/16			
Fri	3/17			
Sat	3/18			
Total Hours - Week 2		17	75	625

Total hours for that workweek. →
 Code abbreviation for service provided. →
 Code abbreviation for next service provided. →

Total hours for the week. (SHC) for the week. →
 Total hours for the week. (PC) for that day (Sunday, 3/12). →