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: __ / __ / __________

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 columns, 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.

**Common Service Code Abbreviations**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Timesheet Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Home Care - Routine SHC</td>
<td>SHC</td>
</tr>
<tr>
<td>Supportive Home Care - Supervision</td>
<td>SS</td>
</tr>
<tr>
<td>Supportive Home Care - Companion Care CC</td>
<td>CC</td>
</tr>
<tr>
<td>Supportive Home Care - Chores C</td>
<td>C</td>
</tr>
<tr>
<td>Personal Care</td>
<td>PC</td>
</tr>
</tbody>
</table>

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

**Guidelines**

- Hours worked should not exceed authorized hours. This does not guarantee payment.

**Ways to Submit**

- Email: IRIS.TimeReports@iLIFEfms.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; 715-203-0490; 720-227-2580; 888-693-1224; 715-203-6982; 715-203-0490

**Sample Timesheet Area**

- Total Hours for the week
- Total Hours in this column (PC)
- Total Hours in this column (SHC)
- Sample Timesheet Area

**Additional Information**

- In the time reporting area, 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.
- Submit the timesheet to iLIFE by the due date.

**Contact Information**

- Email: IRIS.TimeReports@iLIFEfms.com
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