



L a s t , F i r s t ,
Participant Hired Worker Name (LAST NAME, FIRST NAME)

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Participant Hired Worker ID

S a m p l e N a m e
Participant Name (LAST NAME, FIRST NAME)

W I 0 0 0 0 0
Participant ID

The Participant Employer/Guardian and Participant Hired Worker certify that the information provided on this time report is a true and accurate statement of the services provided. The Participant Employer/Guardian and Participant Hired Worker understand that payment for services provided are subject to payroll taxes.

Sign Here

01/01/2024

Sign Here

08/11/2024

Participant-Hired Worker Signature

Date

Participant Signature

Date

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SUBMIT TIME SHEETS:

Fax: 1-800-687-3121 | Email: wi-payroll@acumen2.net

Time sheets need to be submitted no later than midnight on the due date listed on the PHW Payroll Calendar. Remember, workers cannot be paid when the participant is hospitalized.