

IRIS Participant-Hired Worker Timesheet

Day of Week	Date MM / DD	Service Code	Service Code	Service Code	Service Code
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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:

□	□	□	□	□	□	□	□	□	□	□	□
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Participant-Hired Worker First Name:

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Participant-Hired Worker Last Name:

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Participant First Name:

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Participant Last Name:

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Pay period Begins: (MM/DD/YYYY)

Pay period Ends: (MM/DD/YYYY)

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SUBMIT TIME SHEETS:

Fax: 1-800-687-3121

Email: outreach.wi@outreachfiscalagent.com

Time sheets need to be submitted no later than midnight on the date listed on the PHW Payroll Calendar Time Sheet Due Date.

Remember, workers cannot be paid when the participant is hospitalized.

Please call Outreach Health Services at (877) 901-5826 with any questions.

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.

Participant-Hired Worker Signature: _____ Date: □ □ / □ □ / □ □ □ □
MM DD YYY

Participant Signature: _____ Date: □ □ / □ □ / □ □ □ □

Timesheet Instructions

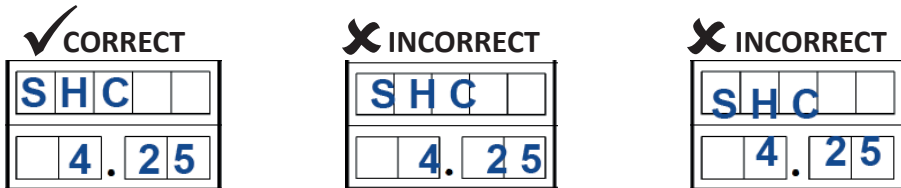
- In the time reporting area (on the left):
 - In the Date column, write the dates for each day of the pay period.
 - In the Service Code columns, write the service code abbreviation for each service provided.
 - For each day worked, write the total numbers of hours worked for each service in the appropriate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

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.)

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.



Ways to Submit

Fax: 1-800-687-3121
 Email: outreach.wi@outreachfiscalagent.com

Timesheet needs to be filled out accurately and submitted on time in order to be paid on the regular scheduled paydates.

Please call Outreach Health services at 877-901-5826 with any questions.

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.

Sample Timesheet Area

Dates for that workweek.

Code abbreviation for service provided.

Code abbreviation for next service provided.

Day of Week	Date	Service Code	Service Code
	MM / DD	SHC	PC
Sun	3 / 13	4.25	2.50
Mon	3 / 14	2.0	4.50
Tue	3 / 15	2.0	2.0
Wed	3 / 16	2.50	2.75
Thu	3 / 17	2.0	. .
Fri	3 / 18	. .	2.0
Sat	3 / 19
Total Hours - Week 2		12.75	13.75

Total hours for the service in this column (SHC) for the week.

Total hours for the service in this column (PC) for the week.

Total hours for the service in this column for that day (Sunday, 3/13).