

# Employee Time Report

# IRIS

EMPLOYEE NAME

Service Period End \_\_\_\_\_

Date Worked	# of Hours to be paid	# of Days to be Paid	Service Type
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			
8th			
9th			
10th			
11th			
12th			
13th			
14th			
15th			
<b>TOTALS</b>			

**Service Type Codes: R = Respite Care S = Supportive Home Care P = Personal Care**

Date Worked	# of Hours to be paid	# of Days to be Paid	Service Type
16th			
17th			
18th			
19th			
20th			
21st			
22nd			
23rd			
24th			
25th			
26th			
27th			
28th			
29th			
30th			
31st			
<b>TOTALS</b>			

**Service Type Codes: R = Respite Care S = Supportive Home Care P = Personal Care**

**PARTICIPANT NAME & MAILING ADDRESS**

I (We) certify that the information provided on this form is a true and accurate statement of the services provided. I (We) understand that payment for services provided are subject to payroll taxes.

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>
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Timesheets can only be paid off once all required paperwork is completed correctly and processed

<b>PARTICIPANT/REPRESENTATIVE SIGNATURE</b>	<b>DATE</b>
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Mail this time report to:  
 IRIS-FSA  
 2020 W WELLS ST  
 MILWAUKEE, WI 53233  
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 FAX: 414-937-2034  
 EMAIL: IRIS@MCFI.net

Please call us at 888-515-4747 with questions on filling out this form