iLIFE Fiscal Agent Employee Timesheet

Service Provider/Employee Name
John Smith

Employee Number
123456

Program
CLTS

Pay Period End Date: 3/23/2019

Employer/Client Name and Address
John Doe
987 Main Street
Milwaukee, WI 12345

DATE WORKED	START TIME	END TIME	# HOURS WORKED	DAILY RATE	SERVICE TYPE
3/10/2019	8:00 AM	11:00 AM	3		S
3/12/2019	8:00 AM	11:00 AM	3		S
3/14/2019	8:00 AM	12:00 PM	4		S
3/14/2019	3:00 PM	6:15 PM	3.25		S
3/17/2019	3:00 PM	6:30 PM	3.50		S
3/18/2019	8:00 AM	4:00 PM		1	R
3/21/2019	8:00 AM	11:15 AM	3.25		S
3/23/2019	8:00 AM	12:15 PM	4.25		S
	AM / PM	AM / PM			
	AM / PM	AM / PM			
	AM / PM	AM / PM			
	AM / PM	AM / PM			
	AM / PM	AM / PM			
	AM / PM	AM / PM			
	AM / PM	AM / PM			
	AM / PM	AM / PM			
	AM / PM	AM / PM			
	AM / PM	AM / PM			

Hours must be recorded in 15-minute increments. For example 1:00 PM, 1:15 PM, 1:30 PM, 1:45 PM.

Service Types:
Daily Living Skills = DLS Respite = R Mentoring = M Child Care = C

DATE WORKED	START TIME	END TIME	# HOURS WORKED	DAILY RATE	SERVICE TYPE
	AM / PM	AM / PM			
	AM / PM	AM / PM			
	AM / PM	AM / PM			
	AM / PM	AM / PM			
	AM / PM	AM / PM			
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	AM / PM	AM / PM			
	AM / PM	AM / PM			
	TOTALS:		24.25	1	S / R

Service Types:
Daily Living Skills = DLS Respite = R Mentoring = M Child Care = C

The Employee and Employer/Client/Representative certify that the information provided on this form is a true and accurate statement of the services provided. The Employee and Employer/Client/Representative understand that payment for services provided are subject to payroll taxes.

ONLY ONE PAY PERIOD PER TIMESHEET

Late timesheets are processed the next pay period.

IMPORTANT:
Timesheets must be submitted within 60 days of service. Timesheets for services provided more than 60 days ago will not be paid.

Service Provider/Employee's Signature	Date
John Smith	3/23/2019

Employer/Client/Representative's Signature	Date
John Doe	3/23/2019

iLIFE
iLIFE, LLC Fiscal Agent

Mail this timesheet to:
iLIFE Fiscal Agent
P.O. Box 80455
Milwaukee, WI 53208

Email: fiscal@iLIFE.org
Fax Number: 414-918-8130
For additional forms, go to iLIFE.org

Please call iLIFE at 888-490-3966 with questions on how to fill out this form.

SAMPLE