



IRIS Participant-Hired Worker Timesheet

Participant-Hired Worker Number: 123456

Participant-Hired Worker Name: John Doe

Participant Name: Jane Smith

Pay Period End Date: 10/17/2026

Please use the section below to calculate the totals by service code for each week, and then the total hours for all services for each week.

NOTE: This section is for reference only. iLIFE will calculate payment based on the daily in and out entries listed in the tables below.

Service Code	Week 1	Week 2
SHC	10	9.25
PC	13.50	5.00
CC	1.00	8.75
TOTAL HOURS	24.50	23.00

Participant-Hired Workers may not be paid more than the service amount authorized on the Participant's plan.

Instructions:

- Only one pay period per timesheet
- Time must be recorded in 15-minute increments
For example: 01:00, 01:15, 01:30, 01:45
- Check "AM" or "PM" as appropriate for each line

SUBMIT TIMESHEETS:

Fax: 414-937-2034
Email: IRIS.TimeReports@iLIFE.org
Mail: iLIFE, P.O. Box 80439, Milwaukee, WI 53208
Dropbox: 2020 W. Wells St., Milwaukee, WI 53233

Note: If you make a mistake, cross it out. Do Not use whiteout, tape or glue. Write the correction on a new line or start a new timesheet.

Date Worked	Start Time	AM	PM	End Time	AM	PM	Hours Worked	Service Code
10/04	10:00	X		12:15		X	2.25	SHC
10/04	01:15		X	01:45		X	0.50	PC
10/04	02:15		X	03:15		X	1.00	PC
10/05	10:00	X		11:00	X		1.00	SHC
10/05	01:00		X	02:00		X	1.00	SHC
10/05	03:00		X	04:00		X	1.00	SHC
10/05	04:00		X	05:00		X	1.00	SHC
10/06	05:00	X		06:00	X		1.00	PC
10/06	07:00	X		08:00	X		1.00	PC
10/06	10:00	X		12:00		X	2.00	PC
10/07	12:00	X		05:00	X		5.00	PC
10/07	06:00		X	07:00		X	1.00	SHC
10/09	11:00	X		12:00		X	1.00	PC
10/09	12:00		X	02:00		X	2.00	PC
10/09	03:00		X	05:45		X	2.75	SHC
10/10	11:00	X		12:00		X	1.00	CC

Date Worked	Start Time	AM	PM	End Time	AM	PM	Hours Worked	Service Code
10/11	12:00	X		07:00	X		7.00	CC
10/12	07:00	X		09:30	X		2.50	SHC
10/12	03:00		X	04:15		X	1.25	SHC
10/12	06:00		X	07:00		X	1.00	SHC
10/13	11:00	X		12:00		X	1.00	PC
10/13	02:00		X	03:00		X	1.00	PC
10/13	05:00		X	06:00		X	1.00	PC
10/14	10:00	X		11:45	X		1.75	CC
10/14	01:00		X	02:00		X	1.00	SHC
10/14	07:00		X	08:30		X	1.50	SHC
10/15	12:00	X		02:00	X		2.00	SHC
10/15	06:00	X		08:00	X		2.00	PC

The Participant and Participant-Hired Worker certify that the information provided on this timesheet is a true and accurate statement of the services provided. To be processed, the timesheet must include the Participant-Hired Worker number, service code, dates of service, start and end times, dated Participant-Hired Worker signature and dated Participant signature.

Participant-Hired Worker Signature: John Doe Date: 10/17/2026

Participant Signature: Jane Smith Date: 10/18/2026

Late timesheets are processed the next pay period.

Please call iLIFE at 888-800-5599 with questions on how to fill out this form.

Common Service Code Abbreviations			
Supportive Home Care - Routine	SHC	Supportive Home Care - Chores	C
Daily Living Skills	DLS	Personal Care	PC
Supportive Home Care - Companion Care	CC	Respite	R
For a full list of service types and abbreviations, contact your IRIS Consultant.			