Orion ISO
Intermediary Services Organization

Orion ISO Timesheet

AWC

CONSUMER NAME:_____

EMPLOYEE:_____

COUNTY:_____

Month:_____ **Pay Period:** [ ] 1st-15th of the month [ ] 16th-last day of the month

Week 1		Time In	Time Out	Time In	Time Out	Regular	Other	Respite	Asleep	Total
Day	Date	am/pm	am/pm	am/pm	am/pm	Hours	Hours	Hours	Hours	Hours
Sun										0
Mon										0
Tue										0
Wed										0
Thu										0
Fri										0
Sat										0
					Total Hours Week 1	0	0	0	0	0

Week 2		Time In	Time Out	Time In	Time Out	Regular	Other	Respite	Asleep	Total
Day	Date	am/pm	am/pm	am/pm	am/pm	Hours	Hours	Hours	Hours	Hours
Sun										0
Mon										0
Tue										0
Wed										0
Thu										0
Fri										0
Sat										0
					Total Hours Week 2	0	0	0	0	0

Week 3		Time In	Time Out	Time In	Time Out	Regular	Other	Respite	Asleep	Total
Day	Date	am/pm	am/pm	am/pm	am/pm	Hours	Hours	Hours	Hours	Hours
Sun										0
Mon										0
Tue										0
Wed										0
Thu										0
Fri										0
Sat										0
					Total Hours Week 3	0	0	0	0	0
					Pay Period Total	0	0	0	0	0

Special Notes-use for Other Hours, rates of pay, etc:

Mail to:
Orion ISO Inc Attn: Payroll
9400 Golden Valley Road
Golden Valley, MN 55427
email: payroll@orionassoc.net

_____ _____
Employee Signature **Date**

_____
Managing Employer Signature

Phone: 763-450-5195
Fax Toll Free: 877-677-3314
Fax: 763-450-5027

_____

Managing Employer Phone #