



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										
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Total Hours Week 1										

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										
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Total Hours Week 2										

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										
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Total Hours Week 3										

Pay Period Total

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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 _____

Managing Employer Phone # _____

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