

CONSUMER NAME: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

**\*Additional\***  
In this column, record interrupted sleep time that you worked.

Week 1		Time In	Time Out	Time In	Time Out	Total
Day	Date	am/pm	am/pm	am/pm	am/pm	Hours
Sun						
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
<b>Total Hours Week 1</b>						

*For use with 24 Hour Respite Care Only*

Sleep Time		*Additional*		Total
Start	End	Start	End	Hours
<b>Total Hours Week 1</b>				

Week 2		Time In	Time Out	Time In	Time Out	Total
Day	Date	am/pm	am/pm	am/pm	am/pm	Hours
Sun						
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
<b>Total Hours Week 2</b>						

Sleep Time		*Additional*		Total
Start	End	Start	End	Hours
<b>Total Hours Week 2</b>				

Week 3		Time In	Time Out	Time In	Time Out	Total
Day	Date	am/pm	am/pm	am/pm	am/pm	Hours
Sun						
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
<b>Total Hours Week 3</b>						

Sleep Time		*Additional*		Total
Start	End	Start	End	Hours
<b>Total Hours Week 3</b>				

**Pay Period Total** \_\_\_\_\_

**Pay Period Total** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Managing Employer Signature

\_\_\_\_\_  
Managing Employer Phone #

**Mail To:** Orion ISO, Inc.  
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