

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	PS	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	PS	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	PS	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