

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										
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
<b>Total Hours Week 1</b>										

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										
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
<b>Total Hours Week 2</b>										

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										
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
<b>Total Hours Week 3</b>										

**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