

ORION ISO FINANCIAL SERVICES, INC.

Payroll Agent Model

Consumer Name: _____

Employee Name: _____

Month: _____

Due Date: 19th of the month

County: _____

Service Type Guide:

REG- Personal Assistance, Consumer Support, Treatment Training
 RESP- Respite
 HOM- Homemaker
 CHO- Chore

Date	Shift Start am/pm	Shift End am/pm	Service Type	Shift Start am/pm	Shift End am/pm	Service Type	Shift Start am/pm	Shift End am/pm	Service Type	Total Hours	RESP code sleep det. applies: Y or N
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Comments:

Summary of Service Types	REG					Total Hours
Summary of Hours per Service Type						

Due Date: 19th of the month

I certify, that this is an accurate record of the services I have provided.

Employee Signature: _____ Date: _____
*required

I certify, that this is an accurate record of the services this employee has provided.

Employers Signature: _____ Date: _____

Employer Phone #: _____ *required

Fax Toll Free: 1-844-450-5566
E-Mail: iso-payroll@orionassoc.net
Mail to: Orion ISO, Inc
Attn: Payroll
9400 Golden Valley Road
Golden Valley, MN 55427

Payroll Contact:
 763-450-3785

Total OVT Hrs.

*for office use only

ORION ISO FINANCIAL SERVICES, INC.

Payroll Agent Model

Consumer Name: _____

Employee Name: _____

Month: _____

Due Date: 4th of the month

County: _____

Service Type Guide:

REG- Personal Assistance, Consumer Support, Treatment Training
 RESP- Respite
 HOM- Homemaker
 CHO- Chore

Date	Shift Start am/pm	Shift End am/pm	Service Type	Shift Start am/pm	Shift End am/pm	Service Type	Shift Start am/pm	Shift End am/pm	Service Type	Total Hours	RESP code
											sleep debt: applies: or N
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											

Comments:

Summary of Service Types	REG					Total Hours
Summary of Hours per Service Type						

Due Date: 4th of the month

I certify, that this is an accurate record of the services I have provided.

Employee Signature: _____ **Date:** _____
*required

I certify, that this is an accurate record of the services this employee has provided.

Employers Signature: _____ **Date:** _____
Employer Phone #: _____ *required

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ORION ISO FINANCIAL SERVICES, INC.

Payroll Agent Model

Consumer Name: _____

Employee Name: _____

Month: _____

month of hours being reported

Due Date: 19th of the month

County: County consumer lives in

Service Type Guide:

- REG- Personal Assistance, Consumer Support, Treatment Training
- RESP- Respite
- HOM- Homemaker
- CHO- Chore

Date	Shift Start am/pm	Shift End am/pm	Service Type	Shift Start am/pm	Shift End am/pm	Service Type	Shift Start am/pm	Shift End am/pm	Service Type	Total Hours	RESP code sleep dest: applies: Y or N
1	9:00am	5:00pm	REG							8.00	
2											
3											
4	5:00pm	7:00pm	HOM							2.00	
5	SAMPLE										
6											
7											
8	10:00pm	12:00am	RESP							2.00	
9	12:00am	10:00pm	RESP							22.00	Y
10											
11											
12	6:00pm	12:00am	RESP							6.00	N
13	12:00am	8:00am	RESP							8.00	N
14											
15											

Comments:

<i>Summary of Service Types</i>	REG										Total Hours
<i>Summary of Hours per Service Type</i>											

Due Date: 19th of the month

I certify, that this is an accurate record of the services I have provided.

Employee Signature: _____ **Date:** _____
*required

I certify, that this is an accurate record of the services this employee has provided.

Employers Signature: _____ **Date:** _____
Employer Phone #: _____ *required

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