ORION ISO, INC.

AGENCY WITH CHOICE

Consumer Name: _____

Employee Name: _____

Month: _____ **County:** _____

Due Date: 17th of the month

Service Type Guide:

REG- Personal Assistance, Consumer Support,Treatment Training
RESP- Respite
HOM- Homemaker
CHO- Chore
TRV = Travel Time - must be travel between 2 consumers homes.

Date	*Shift Start am/pm*	*Shift End am/pm*	*Service Type*	*Shift Start am/pm*	*Shift End am/pm*	*Service Type*		*Travel Time*	*Travel Start am/pm*	*Travel End am/pm*	*Total Hours*	*RESP code sleep dedt. 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**			**TRV**	**Total Hours**
Summary of Hours per Service Type						

Total OVT Hrs.

*for office use only

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: 1-877-677-3314
E-mail: Payroll@orionassoc.net
Mail to: Orion ISO, Inc
Attn: Payroll
9400 Golden Valley Road
Golden Valley, MN 55427

Payroll Contact:
763-450-5191

ORION ISO, INC.

AGENCY WITH CHOICE

Consumer Name: _____

Employee Name: _____

Month: _____ **County:** _____

Due Date: 2nd of the month

Service Type Guide:
REG- Personal Assistance, Consumer Support,Treatment Training
RESP- Respite
HOM- Homemaker
CHO- Chore
TRV = Travel Time - must be travel between 2 consumers homes.

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

Comments:

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

Total OVT Hrs.

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Golden Valley, MN 55427

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763-450-5191

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

ORION ISO, INC.

AGENCY WITH CHOICE

Consumer Name: _____

Employee Name: _____

Month: *Month for hrs worked* / **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
TRV = Travel Time - must be travel between 2 consumers homes.

Date	*Shift Start am/pm*	*Shift End am/pm*	*Service Type*	*Shift Start am/pm*	*Shift End am/pm*	*Service Type*		*Travel Time*	*Travel Start am/pm*	*Travel End am/pm*	*Total Hours*	*RESP code sleep dedt. applies: Y or N*
1	10:00am	2:00pm	REG	3:00pm	5:00pm	HOM		TRV	5:00pm	5:15pm	6.25	
2	10:00pm	12:00am	RESP								2.00	
3	12:00am	10:00pm	RESP								22.00	Y
4			SAMPLE									
5	6:00pm	12:00am	RESP								6.00	N
6	12:00am	8:00am	RESP								8.00	N
7												
8												
9												
10												
11												
12												
13												
14												
15												

Comments:

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

Total OVT Hrs.

*for office use only

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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