

# ORION ISO FINANCIAL SERVICES, INC.

## Payroll Agent Model

Consumer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Month: \_\_\_\_\_

Due Date: 17th 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 dect. 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: 17th 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:  
 763-452-1777 763-450-6763 A-H  
 763-233-7495 763-233-7645 I-O  
 763-233-7459 763-450-5195 P-Z

Total OVT Hrs.
*for office use only



# ORION ISO FINANCIAL SERVICES, INC.

## Payroll Agent Model

**Consumer Name:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Month:** \_\_\_\_\_

month of hours being reported
Due Date: 17th 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	<small>RESP code sleep det. applies: or N</small>
<b>1</b>	9:00am	5:00pm	REG							8.00	
<b>2</b>											
<b>3</b>											
<b>4</b>	5:00pm	7:00pm	HOM							2.00	
<b>5</b>	SAMPLE										
<b>6</b>											
<b>7</b>											
<b>8</b>	10:00pm	12:00am	RESP							2.00	
<b>9</b>	12:00am	10:00pm	RESP							22.00	Y
<b>10</b>											
<b>11</b>											
<b>12</b>	6:00pm	12:00am	RESP							6.00	N
<b>13</b>	12:00am	8:00am	RESP							8.00	N
<b>14</b>											
<b>15</b>											

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Due Date: 17th 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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**Total OVT Hrs.**  
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