

# 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

To use Floating Holiday: add "F-HOL" to your service type. Example: "REG F-HOL"

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
<b>1</b>											
<b>2</b>											
<b>3</b>											
<b>4</b>											
<b>5</b>											
<b>6</b>											
<b>7</b>											
<b>8</b>											
<b>9</b>											
<b>10</b>											
<b>11</b>											
<b>12</b>											
<b>13</b>											
<b>14</b>											
<b>15</b>											

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: \_\_\_\_\_

Due Date: 2nd of the month

County: \_\_\_\_\_

**Service Type Guide:**

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

To use Floating Holiday: add "F-HOL" to your service type. Example: "REG F-HOL"

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 dett. applies: or N Y
<b>16</b>											
<b>17</b>											
<b>18</b>											
<b>19</b>											
<b>20</b>											
<b>21</b>											
<b>22</b>											
<b>23</b>											
<b>24</b>											
<b>25</b>											
<b>26</b>											
<b>27</b>											
<b>28</b>											
<b>29</b>											
<b>30</b>											
<b>31</b>											

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

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

Due Date: 2nd 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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# ORION ISO FINANCIAL SERVICES, INC.

## Payroll Agent Model

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

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

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

<i>month of hours being reported</i>
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

To use Floating Holiday: add "F-HOL" to your service type. *Example: "REG F-HOL"*

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 s keep defn. applies: Y or N</small>
<b>1</b>	9:00am	5:00pm	REG F-HOL							8.00	
<b>2</b>											
<b>3</b>											
<b>4</b>	5:00pm	7:00pm	HOM							2.00	
<b>5</b>											
<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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