

Side 1 of 2

IRIS PARTICIPANT-HIRED WORKER TIMESHEET

Participant-hired Worker Name:					Walk-in: 10425 W North Ave, Ste 345, Milwaukee, WI 53226 Email: Timesheets@premier-fms.com Fax: 1-888-210-9660 Portal: www.premier-fms.com Please call Premier at 1-855-224-5810 with any questions.						
Pay period Begins: (N	//////////////////////////////////////	/		Pay period E	inds: (MM	/DD/YYYY)	/	/			
Service Date (MM/DD)	Time In	Time Out	Service Code	Time In		Time Ou	it	Service C	ode		
	O AM O PM	• AM			O AM C	•	O AM PM				
/	O AM O PM	• AM			O AM C	•	O AM PM				
/	O AM O PM	• O AM			O AM C	•	O AM PM				
/	AM O PM	• AM			O AM C	•	O AM PM				
/	O AM O PM	• O AM			O AM C	•	O AM PM				
/	O AM O PM	• O AM			O AM C	•	O AM PM				
/	O AM O PM	• O AM			OAM	•	O AM PM				
	O AM O PM	• O AM			OAM	•	O AM PM				
	O AM O PM	• O AM			OAM	•	O AM PM				
	O AM O PM	• O AM			OAM	•	O AM PM				
/	O AM	• O AM			OAM	•	O AM PM				
/	O AM O PM	• O AM			OAM	•	O AM PM				
/	O AM O PM	• O AM			OAM	•	O AM PM				
/	O AM O PM	• O AM			O AM C	•	O AM PM				
	er/Guardian and Participant- er/Guardian and Participant	hired Worker certify that t			eet is a true		statement	of the servic	es provided.		
Participant-hired Work	er Signature:					Date: [/	/			
Participant/Guardian S	ignature:					Date:	/	/			

Rev. 6/24

Mail: P.O. Box 26001, Milwaukee, WI 53226



Side 2 of 2

IRIS PARTICIPANT-HIRED WORKER TIMESHEET

Participant-hired Worker Name:						Valk-in: 10425 W North Ave, Ste 345, Milwaukee, WI 53226 mail: Timesheets@premier-fms.com ax: 1-888-210-9660 ortal: www.premier-fms.com Please call Premier at 1-855-224-5810 with any questions.					
Pay period Begins: (M	MM/DD/YYYY) /	/		Pay period E	Ends: (MM/	DD/YYYY)	/				
Service Date (MM/DD)	Time In	Time Out	Service Code	Time In		Time Ou	it	Service	: Code		
/	O AM	• O AM			O AM C	•	O AM PM				
/	O AM O PM	• AM			O AM C		O AM PM				
/	AM O PM	• AM			O AM C		O AM PM				
/	AM O PM	• AM			O AM C		O AM PM				
/	O AM O PM	• O AM			O AM D		O AM PM				
	O AM O PM	O AM			O AM C		O AM PM				
	O AM O PM	O AM			O AM C		O AM PM				
/	O AM	• O AM			OAM		O AM PM				
	O AM	• O AM			O AM		O AM PM				
	O AM	• O AM			O AM		O AM PM				
/	O AM	O AM			O AM C		O AM PM				
/	O AM	• O AM			OAM		O AM PM				
/	O AM	• O AM			O AM		O AM PM				
	OAM	• O AM			O AM		O AM PM				
	er/Guardian and Participant- er/Guardian and Participant						statement	of the ser	vices provided		
Participant-hired Work	er Signature:					Date: [/				
•	iignature:					Date:	/	/[

Mail: P.O. Box 26001, Milwaukee, WI 53226

TIMESHEET CHECK-LIST

	Is my legal name on the TS? Is my Employer's legal name on the TS? Did I fill-in the correct pay period with the correct start and end dates? Example (See schedule for dates):
	Pay period Begins: (MM/DD/YYYY) Pay period Ends: (MM/DD/YYYY) 0 7 / 1 0 / 2 0 1 6 0 7 / 2 3 / 2 0 1 6
	Did I fill-in the dates for the correct day of the week?
	Example: July 9th is a Sunday - you would fill the first Sunday as 07/09 Do I have the correct service code(s) for each day worked? Did I review that all my hours are accurate?
	Did I use the correct 15 minute increments to record my work time?
	15 min. = .25 30 min. = .50 45 min. = .75
Ш	Did I sign and date my TS? Example: If the last day you worked was July 23rd - you would sign and date the TS as 7/23/yr.
	Did my employer sign and date my TS?
	Did I make sure hours submitted are worked on or before the TS due date
	and signed date?
Ш	Did I make sure the dates on the TS are for one pay period ONLY and do not cross with any other pay periods?
	not cross with any other pay periods? Did I make sure I did NOT use white-out to make corrections?

PLEASE NOTE: Timesheets received that are missing any of the above information will be rejected and returned for correction. This may result in delay of payment.

Once all check boxes are checked, please submit your timesheet to Premier Financial Management Services.

WHY E-TIMESHEETS?

- Eliminates the risk of filling your timesheet incorrectly.
- Timesheets will be processed faster!
- It's paperless! Go GREEN!
- Can be submitted on any device with an internet connection (home, work, or smartphone.)
- It is secure, confidential and can be accessed from any location at any time of the day, year round.

MARKING INSTRUCTIONS

- Write in **BLACK** or **BLUE** ink only.
- Write as large and legible as possible without touching the sides of the boxes. **Do not write outside of the boxes.**

 ★ NO
 ★ NO

 S H C
 S H C

 5:15
 5:15

COMMON SERVICE CODE ABBREVIATIONS

SERVICE TYPE	ABBREVIATIONS				
Supportive Home Care - Routine	SHC				
Supportive Home Care - Companion Care	СС				
Supportive Home Care - Chores	С				
Supportive Home Care - Overnight	0				
Personal Care	PC				
Respite	R				

TIMESHEET SUBMISSION

Mail: Walk-in:

P.O. Box 26001 10425 W. North Ave, Suite 345 Milwaukee, WI 53226 Milwaukee, WI 53226

Email: Fax:

Timesheets@premier-fms.com 1-888-210-9660

Portal:

www.premier-fms.com