



IRIS PARTICIPANT-HIRED WORKER TIMESHEET

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

Participant-hired Worker Name: John Doe

AM or PM must be selected for all start and end times entered in order to be paid.

Participant Name: Jane Doe

Pay Period dates should match the pay schedule.

Service codes should match PPT plan.

Pay period Begins: (MM/DD/YYYY) 08 / 11 / 2024

Pay period Ends: (MM/DD/YYYY) 08 / 24 / 2024

Service Date (MM/DD)	Time In	Time Out	Service Code	Time In	Time Out	Service Code
08 / 11	10:00 AM	02:00 PM	S D P C			
08 / 12	07:15 AM	09:45 AM	S H C	10:15 AM	12:30 PM	S D P C
08 / 12	03:15 AM	07:30 PM	R			
08 / 15	07:45 AM	10:15 AM	S D P C			

SAMPLE

The Participant Employer/Guardian and Participant-hired Worker certify that the information provided on this timesheet is a true and accurate statement of the services provided. The Participant Employer/Guardian and Participant-hired worker understand that payment for services provided are subject to payroll taxes.

Participant-hired Worker Signature: _____ Both signatures are required and signature dates should be after the last date worked. _____ Date: 08 / 19 / 2024

Participant/Guardian Signature: _____ Date: 08 / 19 / 2024