|  |  |
| --- | --- |
| Facility/site name: |  |
| Provider number: |  |
| Name of point of contact: |  |
| Point of contact email address: |  |
| Phone number: |  |

| **Employee Name *What is the name of the person you paid?*** | **Date  *When did you pay the employee?*** | **Categories\***  ***What category corresponds to the item?*** | **Amount**  ***Total amount spent*** |
| --- | --- | --- | --- |
| ***Examples:***  **Jane Doe**  \*\*\*\*\*\*\*\*\*\*\*\* **Automatic Data Processing (ADP)** | **5/1/21 \*\*\*\*\*\*\*\*\*\*\*\***  **3/14/22** | **Wage Increase**  **\*\*\*\*\*\*\*\*\*\*\*\* Bonuses** | **$500**  **\*\*\*\*\*\*\*\*\*\*\*\* $3,000** |
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|  |  |  |  |

**Total Spent: $**

**\*Spending Categories**:

- Wage Increase

- Bonus

- Benefit Increase

- Recruitment activities

- Retention activities