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|  | **Workforce Retention Grant Verification Form** |

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

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| --- | --- | --- | --- |
| 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 payment amount* |
| *Examples:*  Jane Doe  \*\*\*\*\*\*\*\*  ADP Software | **1/27/23**  **\*\*\*\*\*\*\*\***  **12/15/22** | **Direct Employee Payment**  **\*\*\*\*\*\*\*\***  **Administration** | $700  \*\*\*\*\*\*\*\*  $100 |
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Total Spent: $

**Please attach additional pages for more room.**

\*Categories:

- Direct Employee Payment

- Payroll taxes (for your employees’ portion)

- Administration (Payments for employer payroll taxes, payroll software, an accountant/financial advisor, or an administrative staff member who processes payments)