## SW PAID HOURS VERIFICATION WORKSHEET

## MONTH: $\quad$ GROUP HOME

| SOCIAL WORKERS NAME | $\begin{gathered} \text { SR 2B } \\ \text { HOURS } \\ \text { REPORTED } \end{gathered}$ | REPORTED TIME CARD HOURS |  | VERIFIED TIME CARD HOURS |  | REPORTED PAID HOURS |  | VERIFIED PAID HOURS |  | GROSS WAGES PAID | AUDITED hourly RATE | total HOURS ALLOWED | AUDITED DIFF.FROM REPORTED SR 2B | COMMENTS * |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{gathered} \text { 1st } \\ \text { Period } \end{gathered}$ | $\begin{gathered} \text { 2nd } \\ \text { Period } \end{gathered}$ | $\begin{gathered} \text { 1st } \\ \text { Period } \\ \hline \end{gathered}$ | $\begin{aligned} & \text { 2nd } \\ & \text { Period } \end{aligned}$ | $\begin{gathered} \text { 1st } \\ \text { Period } \\ \hline \end{gathered}$ | $\begin{gathered} \text { 2nd } \\ \text { Period } \end{gathered}$ | $\begin{gathered} \text { 1st } \\ \text { Period } \end{gathered}$ | $\begin{gathered} \text { 2nd } \\ \text { Period } \end{gathered}$ |  |  |  |  |  |
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## *LEGEND

1. Per Payroll Hours
2. Per time card hours
3. Did not meet CCL requirements
4. Per SW billings
5. No allocation between functions
6. No payment for services
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