

NOTICE OF FORM CHANGE NO.

DATE

TO:County Welfare Director
Supply Clerk / Forms Coordinator**FROM:**Forms Management Unit
(916) 657-1907 Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE

ORDER UNIT	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> OTHER:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

USE NEW FORM

 When supply available in DSS Warehouse Use new form effective _____

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

CCS PAID HOURS VERIFICATION WORKSHEET

MONTH: _____ GROUP HOME: _____

CCS/FIRST LINE SUPERVISOR NAME	SR 2A HOURS REPORTED	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 2A	COMMENTS *
		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period					
TOTAL														

***LEGEND**

1. Per Payroll Hours
2. Per time card hours
3. 54-hour limitation
4. Did not meet CCL requirements
5. Minimum wage requirement
6. No allocation between functions