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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)