Verification Form For Payroll

Please complete this form on any occasion that original time sheets are brought to the office in advance of the payroll ending date. **Please use a separate form for each day.**

Center Name:_____ **Date:**_____

Employees:	Actual Time Worked	Total

Signature of person completing this form: _____

Fax this form to the South Pittsburg Office - (423) 837-9369.

Please note any difference in actual compared to the projected time. For example, if any employee intended to work 7 hours and instead called in sick, note this in column for actual time worked. Please also fax a sick leave request, in that situation.