

## MONTHLY PAYROLL REPORTING SHEET

NAME:
MONTH/YEAR:

### Monthly Totals:

TYPE	MISC. PAY	# OF HOURS/DAYS	# OF VISITS	PAY RATE	TOTAL \$
Opens	-----	-----		\$	\$
Misc. Visits	-----	-----		\$	\$
Co-signs	-----	-----		\$	\$
PTO	-----		-----	\$	\$
In-service	-----		-----	\$	\$
Meetings	-----		-----	\$	\$
Chart Reviews			-----	\$	\$
Miscellaneous				\$	\$
<b>Totals</b>				\$	\$

Report only time not included in the on-line Home Health Care Assistant system.

Please send your completed sheet by the 1<sup>st</sup> of the month for the previous month.