

# DOVES HOME CARE, LLC

## Payroll Verification Form

TOTAL HOURS: \_\_\_\_\_

DATE OF SERVICES	CAREGIVER'S SIGNATURE	OTP - NUMBER	TIME IN	OTP - NUMBER	TIME OUT	TOTAL HOURS	CLIENT'S SIGNATURE

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_