

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

**INSTRUCTIONS FOR COMPLETING EMPLOYEE PAY VERIFICATION FORM**

**General Instructions**

Requestor shall submit the original *Employee Pay Verification* in paper form with “wet” signatures to the County’s Project Manager. Photocopies or electronic versions will not be accepted.

Enter dollar amounts using dollars and cents.

Contractor Name	Enter the name of the Contractor as it appears in the TNFA.
LE No.	Enter the Legal Entity number as it appears in the TNFA.
Project Name	Enter the Project Name as identified in the TNFA.
Project ID No.	Enter the Project Identification number as it appears in the TNFA.
Invoice Period	Invoice period for which reimbursement is being requested.
Start Date	Enter the date of the first calendar day of the invoice period for which reimbursement is being requested. Use a separate Employee Pay Verification form for each employee and each invoice period.
End Date	Enter the date of the last calendar day of the invoice period for which reimbursement is being requested.
Employee Name	Full name of employee as shown on payroll records.
Title/Role	Title or role of employee in organization. (Include employee's title or role on project in parentheses, if applicable.)
Hours in Invoice Period	Total hours worked by the employee during the invoice period.
Hours on Project	Actual hours during the invoice period in which employee worked on project related tasks. If more applicable, use "Percentage Time on Project" below. Do not use both "Hours on Project" and "Percentage Time on Project."
Percentage Time on Project	Percentage of total working time during the invoice period in which employee worked on project related tasks. If more applicable, use "Hours on Project" above. Use either "Hours on Project" or "Percentage Time on Project." Do not use both.
Proportion of Time Billable to MHSA	Enter percentage of project costs that are approved for MHSA IT funding, as shown in the TNFA.
Gross Pay Amount	Enter the employee's gross pay amount for the period in dollars and cents. Payroll records are not required to be attached as supporting documentation. However, records must be available for audit purposes. Enter amount in dollars and cents to be reimbursed by MHSA IT funds. Please use one of the following equations:
	<i>Equation A: [(Hours on Project) / (Hours in Invoice Period)] x (Portion of Time Billable to MHSA) x (Gross Pay Amount) = Requested Reimbursement Amount</i>

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	<i>Example A: [(88 Hours on Project) / (176 Hours in Invoice Period)] x (75% Portion of Time Billable to MHSA) x (\$8,333.33 Gross Pay Amount) = \$3,125.00 Requested Reimbursement Amount</i>
	<b>or</b>
	<i>Equation B: (Hours in Invoice Period) x (Percentage Time on Project) x (Portion of Time Billable to MHSA) = Requested Reimbursement Amount</i>
	<i>Example B: (50% Percentage Time on Project) x (75% Portion of Time Billable to MHSA) x (\$8,333.33 Gross Pay Amount) = \$3,125.00 Requested Reimbursement Amount</i>
Requested Reimbursement Amount	Total amount being invoiced to DMH.
Description of Employee's Work on Project During the Invoice Period	Briefly describe employee's project-related activities during the invoice period. Description must be consistent with the TNFA. Attach additional pages, if necessary.
Contractor's Project Manager or Project Director Signature	Signature of Contractor's Project Manager or Project Director as identified in the TNFA. Signatures must be "wet" on the printed paper form. <i>Note: If the employee whose time is being verified is the Contractor's Project Manager, the Contractor's Project Director must sign.</i>
Date	Date signed by the Contractor's Project Manager or Project Director.

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**SAMPLE EMPLOYEE PAY VERIFICATION FORM**

Contractor Name: XYZ Agency, Inc.

Legal Entity No.: 00999

Project Name: Clinical Data & Practice Mgmt. System Project

Project ID No: CDM00999A

Invoice Period: 04/01/2010 04/30/2010  
Start Date End Date

Employee Name: Sandra Sample

Title/Role: IT Manager (Project Manager)

Hours During Invoice Period: 176  
Hours

Hours on Project: N/A  
Hours  
OR

Percentage Time on Project: 50%  
Percentage

Proportion of Time Billable to MHSA: 75%  
Percentage

Gross Pay Amount: \$8,333.33

Requested Reimbursement Amount: \$3,125.00

Description of Employee's Work on Project During the Invoice Period:

Employee developed Project Plan, convened review panels, qualified vendors, managed contracting process, conducted needs assessment, and facilitate user input groups.

Contractor's Project Manager  
or Project Director Signature

John Doe, Ph.D., Exec. Dir.

Date:

May 4, 2010