

continuum

REHABILITATION LLC

Payroll Sheet

Employee Name _____

Month _____

Year _____

Check One: Mid-month _____
(1st-15th)

End of month _____
(16th-last day of month)

- Mid-month payroll should be submitted on the 16th and end of the month payroll should be submitted on the 1st.
- Scan and email to kmilowicki@gocontinuumrehab.com or fax 412-563-6257.
- Call Kristen with questions 412-551-1430
- All completed visit totals are taken from website—make sure dashboard is accurate

SOC _____

- How many starts of care were done during the payroll period? Will be paid at double rate

Meeting Hours _____ \$25/hour

Cosigns/Supervisory Visits _____

Training Hours _____ \$25/hour

PTO _____

List dates you are using PTO for:

OTHER _____