EXHIBIT B - Reimbursement of Personnel Costs - Assisting Agency

Assisting Agency:		**Agency's # Regular Hours**:**	RATES	**Medicare** (set rate)
Prepared By: (Print Contact Name)	**Contact/Phone #:**	**Signature:**		**FICA** (set rate)
Approved By: (Print Contact Name)	**Contact/Phone #:**	**Signature:**		**Pension Contribution** (Agency's Rate)***

* Total hours worked will be verified / reconciled to the hours logged by payroll system. Regular hours plus overtime hours cannot exceed the total hours logged in payroll system.

** Provide your agency's number of regular hours scheduled for a typical week (i.e. 40 hours).

*** Use your agency's pension contribution rate to calculate pension contribution expenses. Provide official documentation that shows your current pension contribution rate.

**** Please provide breakdown of additional benefits being requested for reimbursement. This should include description of each individual benefit and applicable rate. Please input total amount of benefit in this column.

Agency Employee's Name:	Regular Rate:	Overtime Rate:	Regular Hours:	Overtime Hours:	Total Regular Hours:	Total OT Hours:	Salary Expense:	Medicare:	FICA:	Pension Contribution:	Additional Benefits****:	TOTAL EXPENSE:
	$ -	$ -	0.00	0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	0.00	0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	0.00	0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	0.00	0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	0.00	0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	0.00	0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	0.00	0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	0.00	0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	0.00	0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	0.00	0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	0.00	0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	0.00	0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	0.00	0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	0.00	0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -