SITE:	PARTNER:	
STAFF NAME:		

DA	ATE				urs Iay		ours for the ed by the fo	llowing	ilitator S	Notes - Required when hours differ from
Month	Day	TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
AUG	5									
	8									
	9									
	10									
	11									
	12									
	15									
				Total Hours for this staff member						

Page:	of	Total Pages f	for this site
***	Fax Repor	t to 469-0345.	Thank you

SITE: _		PARTNER:	PARTNER				
	STAFF NAME:						

DA	DATE				urs ay		ours for the ted by the fo		ilitator	Notes - Required when hours differ from
Month	Day	TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
AUG	16									
	17									
	18									
	19									
	22									
	23									
	24									
	25									
	26									
	29									
	30									
	31									
				Total Hours for this staff member						

Page: _____ of ____ Total Pages for this site ***Fax Report to 469-0345. Thank you

SITE:		PARTNER:		
	STAFF NAME:			

DA	ATE				ırs ay	Total hours for the day are separated by the following		litator	Notes - Required when hours differ from	
Month	Day	TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
SEPT	1									
	2									
			L/	ABOR DAY						
	6									
	7									
	8									
	9									
	12									
	13									
	14									
	15									
				Total Hours for this staff member						

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**	*Fax Report	t to 469-0345.	Thank	γου

SITE:	PARTNER:	
STAFF NAME:		

DA	ATE				urs lay	Total hours for the day are separated by the following		ilitator	Notes - Required when hours differ from	
		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
Month	Day							Га	Ь	
SEPT	16									
	19									
	20									
	21									
	22									
	23									
	26									
	27									
	28									
	29									
	30									
				Total Hours for this staff member						

Page: _____ of ____Total Pages for this site ***Fax Report to 469-0345. Thank you

SITE:	PARTNER:	
STAFF NAME:		-

DA	ATE			PARTNER STAFF MEMBER'S SIGNATURE	separated separated	ours for the day are ted by the following		cilitator s	Notes - Required when hours differ from	
Month	Day	TIME IN	TIME OUT			Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
ОСТ	3							יו		
	4									
	5									
	6									
	7									
				Total Hours for this staff member						

Page: _____ of _____Total Pages for this site ***Fax Report to 469-0345. Thank you

SITE: _		PARTNER:	
_			
	STAFF NAME:		

DA	DATE				urs ay		ours for the ed by the fo		ilitator	Notes - Required when hours differ from
Month	Day	TIME IN TIM	N TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
ОСТ	17									
	18									
	19									
	20									
	21									
	24									
	25									
	26									
	27									
	28									
	31									
				Total Hours for this staff member						

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***F	ax Repo	rt to 469-0345. Thank you

SITE:				PARTNER:						
	STAFF I	NAME:								
DATE				ours day	Total hours for the day are separated by the following	acilitator als	Notes - Required when hours differ from			

DA	ATE				urs day	Total ho	ours for the ed by the fo	llowing	cilitator S	Notes - Required when hours differ from
Month	Day	TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
NOV	1							1		
	2									
	3									
	4									
	7									
	8									
	9									
	10									
			VET	TRANS DAY						
	14									
	15									
				Total Hours for this staff member						

Page:	of	Total Pages f	or this site
***	Fax Repo	rt to 469-0345.	Thank you

SITE: _		PARTNER:	
	STAFF NAME:		

DA	DATE				urs day		ours for the ed by the fo	llowing	cilitator S	Notes - Required when hours differ from
Month	Day	TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
NOV	16									
	17									
	18									
	28									
	29									
	30									
				Total Hours for this staff member						

Page: _____ of ____Total Pages for this site ***Fax Report to 469-0345. Thank you

SITE:	PARTNER:	
STAFF NAME:		

DA	DATE				urs day		ours for the ted by the fo	ollowing	cilitator S	Notes - Required when hours differ from
Month	Day	TIME IN TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes	
DEC	1									
	2									
	5									
	6									
	7									
	8									
	9									
	12									
	13									
	14									
	15									
	16									
				Total Hours for this staff member					Р	age: of Total Pages for this site

SITE:		PARTNER:			
	STAFF NAME:				

DA	DATE				Hours te day		ours for the ed by the fo		ilitator	Notes - Required when hours differ from
Month	Day	TIME IN TIME OUT	TIME OUT	ME OUT PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
JAN	3									
	4									
	5									
	6									
	9									
	10									
	11									
	12									
	13									
				Total Hours for this staff member						

Page:	of	Total Pages for this site
***	Fax Repor	t to 469-0345. Thank you

SITE:		PARTNER:	
	STAFF NAME:		

DA	DATE				ırs ay		ours for the ed by the fo		litator	Notes - Required when hours differ from
Month	Day	TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
JAN	17									
	18									
	19									
	20									
	23									
	24									
	25									
	26									
	27									
	30									
	31									
				Total Hours for this staff member						

Page:	of	Total Pages f	for this site
***	Fax Repor	t to 469-0345.	Thank you

SITE:		PARTNER:	
	STAFF NAME:		_

DA	DATE				urs ay		ours for the ed by the fo		ilitator	Notes - Required when hours differ from
Month	Day	TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
FEB	1									
	2									
	3									
	6									
	7									
	8									
	9									
	10									
	13			LINCOLN'S BIRTHDAY						
	14									
	15									
				Total Hours for this staff member						

Page: _	of	_Total Pages	for this	site
*:	**Fax Report	to 469-0345.	Thank	you

SITE:		PARTNER:	
	STAFF NAME:		

DA	DATE				urs Iay	Total hours for the day are separated by the following			ilitator S	Notes - Required when hours differ from
Month	Day	TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
FEB	16									
	17									
	20			Presidents' Day						
	21									
	22									
	23									
	24									
	27									
	28									
Total Hours for this staff member										

Page: _____ of _____Total Pages for this site ***Fax Report to 469-0345. Thank you

SITE: _		PARTNER:	
	STAFF NAME:		

DA	ATE Total hours for the day are separated by the following			ilitator	Notes - Required when hours differ from					
Month	Day	TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
MAR	1									
	2									
	3									
	6									
	7									
	8									
	9									
	10									
	13									
	14									
	15									
				Total Hours for this staff member						

Page:	of	Total Pages f	for this site
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							-			
SITE:				PARTNER:						
		STAFF N	NAME:							
DA	TE.				urs ay		ours for the ed by the fo		ilitator	Notes - Required when hours differ from
Month	Day	TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
MAR	16									
	17									
				BREAK						
	27									
	28									
	29									

Total Hours for this staff member

30

31

Page: _____ of ____ Total Pages for this site ***Fax Report to 469-0345. Thank you

SITE:		PARTNER:	/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
	STAFF NAME:							

DATE					urs day		ours for the ed by the fo	ollowing	cilitator s	Notes - Required when hours differ from
Month	Day	TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
APR	3									
	4									
	5									
	6									
	7									
	10									
	11									
	12									
	13									
	14									
	15									
				Total Hours for this staff member						

Page:	of	Total Pages f	for this site
***	Fax Repor	t to 469-0345.	Thank you

SITE:		PARTN	PARTNER:						
	STAFF NAME:								

DA	DATE				urs ay		ours for the ed by the fo		ilitator	Notes - Required when hours differ from
Month	Day	TIME IN	TIME IN TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
APR	18									
	19									
	20									
	21									
	24									
	25									
	26									
	27									
	28									
	Total Hours for this staff member									

SITE:		PARTNER:	PARTNER:					
	STAFF NAME:			_				

DATE					Hours ne day		ours for the ed by the fo		ilitator	Notes - Required when hours differ from
Month	Day	TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
MAY	1									
	2									
	3									
	4									
	5									
	8									
	9									
	10									
	11									
	12									
	15									
				Total Hours for this staff member						

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SITE:	PARTNER:	
STAFF NAME:		

DA	TE	TIME IN TIME OUT PARTNER STAFF MEMBER'S SIGNATURE		urs ay		ours for the ed by the fo		ilitator	Notes - Required when hours differ from
Month	Day		Total Hours for the day	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes	
MAY	16								
	17								
	18								
	19								
	22								
	23								
	24								
	25								
	26								
			MEMORIAL DAY						
	30								
	31								
June	1								
If Approved	2								
			Total Hours for this staff member						

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