

SITE: \_\_\_\_\_ PARTNER: \_\_\_\_\_

REPORTING DATES: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(STEP Up FAX # 469-0345)

**Staff Meeting Dates & Times**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ from \_\_\_\_\_ pm to \_\_\_\_\_ pm

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ from \_\_\_\_\_ pm to \_\_\_\_\_ pm

## Partner Staff Hourly Report

Long Term Staff	Substitute Staff	Staff Member	Total Hours	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours
		<b>Total Partner Hours for page ___ of ___</b>				

Program Hours for this site are from \_\_\_\_\_ to \_\_\_\_\_

These three columns must equal "Total Hours" column

Facilitator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attached are \_\_\_\_\_ Staff Sign In & Out Sheets

**REMINDERS**

- **Include** Visitation & Shadowing Log with report
- Send Match Documents in district mail
  - Volunteers
  - Supplies
  - Guest Speakers/Presenters

	Total Hours	Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours
Page 1				
Page 2				
<b>Total for pages 1 &amp; 2</b>				