

# PARTNER STAFF HOUR REPORT CYCLE 2017 - 2018

CYCLE	DATE DUE
August 7 - August 15, 2017	August 16, 2017
August 16 - August 31, 2017	September 1, 2017
September 1 - September 15, 2017	September 18, 2017
September 18 - September 29, 2017	October 2, 2017
October 2 - October 6, 2017	October 16, 2017
October 16 - October 31, 2017	November 1, 2017
November 1 - November 15, 2017	November 16, 2017
November 16 - November 30, 2017	December 1, 2017
December 1 - December 15, 2017	January 2, 2018
January 2 - January 12, 2018	January 16, 2018
January 16 - January 31, 2018	February 1, 2018
February 1 - February 15, 2018	February 16, 2018
February 16 - February 28, 2018	March 1, 2018
March 1 - March 15, 2018	March 16, 2018
March 16 - March 23, 2018	April 3, 2018
April 3 - April 13, 2018	April 16, 2018
April 16 - April 30, 2018	May 1, 2018
May 1 - May 15, 2018	May 16, 2018
May 16 - June 1, 2018	**June 1, 2018

PLEASE Scan & Email  
before the  
end of your workday  
on the  
~ DATE DUE ~  
STEP Up FAX = 469-0345



\*\*This report will be submitted @ End-of-year check out

# PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

DATE		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Total hours for the day are separated by the following			Program Facilitator initials	Notes - Required when hours differ from regular program hours, for absences, subs & staff changes
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours		
AUG	7									
	8									
	9									
	10									
	11									
	14									
	15									
Total Hours for this staff member										

# PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

DATE		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Total hours for the day are separated by the following			Program Facilitator initials	Notes - Required when hours differ from regular program hours, for absences, subs & staff changes
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours		
AUG	16									
	17									
	18									
	21									
	22									
	23									
	24									
	25									
	28									
	29									
	30									
	31									
Total Hours for this staff member										

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

DATE		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Total hours for the day are separated by the following			Program Facilitator initials	Notes - Required when hours differ from regular program hours, for absences, subs & staff changes
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours		
SEPT	1									
SEPTEMBER 4th LABOR DAY										
	5									
	6									
	7									
	8									
	11									
	12									
	13									
	14									
	15									
Total Hours for this staff member										

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

DATE		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Total hours for the day are separated by the following			Program Facilitator initials	Notes - Required when hours differ from regular program hours, for absences, subs & staff changes
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours		
SEPT	18									
	19									
	20									
	21									
	22									
	25									
	26									
	27									
	28									
	29									
Total Hours for this staff member										

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

DATE		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Total hours for the day are separated by the following			Program Facilitator initials	Notes - Required when hours differ from regular program hours, for absences, subs & staff changes
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours		
OCT	2									
	3									
	4									
	5									
	6									
Total Hours for this staff member										

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

DATE		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Total hours for the day are separated by the following			Program Facilitator initials	Notes - Required when hours differ from regular program hours, for absences, subs & staff changes
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours		
OCT	16									
	17									
	18									
	19									
	20									
	23									
	24									
	25									
	26									
	27									
	30									
	31									
Total Hours for this staff member										

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

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



# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

DATE		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Total hours for the day are separated by the following			Program Facilitator initials	Notes - Required when hours differ from regular program hours, for absences, subs & staff changes
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours		
NOV	16									
	17									
				FALL BREAK						
	27									
	28									
	29									
	30									
Total Hours for this staff member										

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

DATE		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Total hours for the day are separated by the following			Program Facilitator initials	Notes - Required when hours differ from regular program hours, for absences, subs & staff changes
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours		
DEC	1									
	4									
	5									
	6									
	7									
	8									
	11									
	12									
	13									
	14									
	15									
Total Hours for this staff member										

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

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

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

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

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

DATE		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Total hours for the day are separated by the following			Program Facilitator initials	Notes - Required when hours differ from regular program hours, for absences, subs & staff changes
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours		
FEB	1									
	2									
	5									
	6									
	7									
	8									
	9									
	12			LINCOLN'S BIRTHDAY						
	13									
	14									
	15									
Total Hours for this staff member										

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

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

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

DATE		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Total hours for the day are separated by the following			Program Facilitator initials	Notes - Required when hours differ from regular program hours, for absences, subs & staff changes
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours		
MAR	1									
	2									
	5									
	6									
	7									
	8									
	9									
	12									
	13									
	14									
	15									
Total Hours for this staff member										

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

DATE		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Total hours for the day are separated by the following			Program Facilitator initials	Notes - Required when hours differ from regular program hours, for absences, subs & staff changes
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours		
MAR	16									
	19									
	20									
	21									
	22									
	23									
Total Hours for this staff member										



# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

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

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

DATE		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Total hours for the day are separated by the following			Program Facilitator initials	Notes - Required when hours differ from regular program hours, for absences, subs & staff changes
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours		
APR	16									
	17									
	18									
	19									
	20									
	23									
	24									
	25									
	26									
	27									
	30									
Total Hours for this staff member										Page: _____ of _____ Total Pages for this site ***Fax Report to 469-0345. Thank you

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

DATE		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Total hours for the day are separated by the following			Program Facilitator initials	Notes - Required when hours differ from regular program hours, for absences, subs & staff changes
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours		
MAY	1									
	2									
	3									
	4									
	7									
	8									
	9									
	10									
	11									
	14									
	15									
Total Hours for this staff member										

# STEP Up Program PARTNER STAFF SIGN-IN/OUT SHEET

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

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

STAFF NAME: \_\_\_\_\_

DATE		TIME IN	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day	Total hours for the day are separated by the following			Program Facilitator initials	Notes - Required when hours differ from regular program hours, for absences, subs & staff changes
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours		
MAY	16									
	17									
	18									
	21									
	22									
	23									
	24									
	25									
MEMORIAL DAY										
	29									
	30									
	31									
If Approved	JUNE 1									
Total Hours for this staff member										