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

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

PLEASE Scan & Email

^{**}This report will be submitted @ End-of-year check out

PARTNER STAFF SIGN-IN/OUT SHEET

SITE:	PARTNER:	
STAFF NAME:		

DA	ATE				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
AUG	7									
	8									
	9									
	10									
	11									
	14									
	15									
				Total Hours for this staff member						

PARTNER STAFF SIGN-IN/OUT SHEET

SITE:		PARTNER:	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	16									
	17									
	18									
	21									
	22									
	23									
	24									
	25									
	28									
	29									
	30									
	31									
				Total Hours for this staff member						

SITE:		PARTNER:	PARTNER:				
	STAFF NAME:						

DA	ATE				ırs ay		ours for the ted 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
SEPT	1									
			SEPTEMBI	ER 4th LABOR DAY						
	5									
	6									
	7									
	8									
	11									
	12									
	13									
	14									
	15									
				Total Hours for this staff member						

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

SITE: _		PARTNER:						
	STAFF NAME:							

DA	ATE			urs ay	Total ho			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
SEPT	18									
	19									
	20									
	21									
	22									
	25									
	26									
	27									
	28									
	29									
	Total Hours for this staff member									

Page: _	of _	Total Pa	iges f	for this	site
*	**Fax Rep	ort to 469-03	345.	Thank	you

SITE:			PARTNE	ER:			
	STAFF I	NAME:					
DATE				۲ >	Total hours for the day are separated by the following	itator	Notes - Required when hours differ from

DA	ATE .		TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day		ours for the ed by the fo		cilitator S	Notes - Required when hours differ from
		TIME IN				Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
Month	Day					<u>a</u> >	2 -	Late	Pre	
ОСТ	2									
	3									
	4									
	5									
	6									
	Total Hours for this staff member									

SITE:		PARTNER:	PARTNER:						
	STAFF NAME:								

DA	DATE				rs 'Y		ours for the		itator	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		Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes		
ОСТ	16									
	17									
	18									
	19									
	20									
	23									
	24									
	25									
	26									
	27									
	30									
	31									
Total Hours for this staff member										

SITE:		PARTNER:	
	STAFF NAME:		

DA	DATE				ırs ay		ours for the ed by the fo		litator	Notes - Required when hours differ from
Month		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									
	2									
	3									
	6									
	7									
	8									
	9									
			VET	TRANS DAY						
	13									
	14									
	15									
	Total Hours for this staff member									

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***	Fax Repor	t to 469-0345.	Thank you

SITE:		PARTNER:							
	STAFF NAME:								

DA	ATE .		ME IN TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	lours e day		ours for the ed by the fo	llowing	ilitator S	Notes - Required when hours differ from
Month	Day	TIME IN			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									
				FALL BREAK						
	27									
	28									
	29									
	30									
Total Hours for this staff member										

SITE:		PARTNER:	/\\ \						
	STAFF NAME:								

DA	ATE				ırs ay		ours for the		llitator	Notes - Required when hours differ from
Month		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									
	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:											
		STAFF I	NAME:								
DA	ATE				urs Iay		ours for the		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	
JAN	2										
	3										
	4										

10 11 12 Total Hours for this staff member

SITE:		PARTNER:	
	STAFF NAME:		_

DA	ATE	TIME IN 1	TIME OUT	PARTNER STAFF MEMBER'S SIGNATURE	Total Hours for the day		ours for the ed by the fo	llowing	ilitator S	Notes - Required when hours differ from
Month	Day					Program Hours Worked	Staff Meeting Hours	Late Pick Up Hours	Program Facilitator initials	regular program hours, for absences, subs & staff changes
JAN	16									
	17									
	18									
	19									
	22									
	23									
	24									
	25									
	26									
	29									
	30									
	31									
				Total Hours for this staff member						

SITE: _		PARTNER:	PARTINER.						
	STAFF NAME:								

DA	DATE				ırs ay		ours for the ed by the fo		ilitator	Notes - Required when hours differ from
Month	Day	TIME IN TIME OUT	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									
	5									
	6									
	7									
	8									
	9									
	12			LINCOLN'S BIRTHDAY						
	13									
	14									
	15									
				Total Hours for this staff member						

SITE:	PARTNER:	
STAFF NAME:		

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

SITE:	PARTNER:	
STAFF NAME:		

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

SITE:		PARTNER:	PARTNER:						
	STAFF NAME:								

DA	TE.			PARTNER STAFF MEMBER'S SIGNATURE	ours day	Total ho	ours for the ed by the fo	day are llowing	ilitator	Notes - Required when hours differ from
Month	Day	TIME IN	TIME OUT		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									
	19									
	20									
	21									
	22									
	23									
	Total Hours for this staff member									

SITE:	PARTNER:	
STAFF NAME:		

DA	DATE				urs Iay		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
APR	3									
	4									
	5									
	6									
	9									
	10									
	11									
	12									
	13									
	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				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
APR	16									
	17									
	18									
	19									
	20									
	23									
	24									
	25									
	26									
	27									
	30									
	Total Hours for this staff member									Page: ofTotal Pages for this site ***Fax Report to 469-0345. Thank you

SITE:		PARTNER:	
STAFF NA	ME:		

DA	DATE				urs day	Total hours for the day are separated by the following			cilitator s	Notes - Required when hours differ from	
Month	Day	TIME IN	TIME IN	TIME OUT	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										
	7										
	8										
	9										
	10										
	11										
	14										
	15										
				Total Hours for this staff member					P	age: of Total Pages for this site	

SITE:		PARTNER:	
		·	
	STAFF NAME:		

DA	DATE				urs ay	Total hours for the day are separated by the following			llitator	Notes - Required when hours differ from
Month	ith 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	16									
	17									
	18									
	21									
	22									
	23									
	24									
	25									
				MEMORIAL DAY						
	29									
	30									
	31									
If Approved	JUNE 1									
				Total Hours for this staff member						Page: ofTotal Pages for this site ***Fax Report to 469-0345. Thank you