

INDIANA COUNTY CHILD DAY CARE PROGRAM

GRAND TOTAL HOURS TO PAY _____

NAME _____
 TIME PERIOD ENDING _____

REGULAR EMPLOYEE _____
 TEMPORARY EMPLOYEE _____

HIRE DATE _____
 CENTER _____

DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	Prof. Dev. Hours within regular workday	Prof. Dev. Hours outside of regular workday	TOTAL WORKED PER DAY	VAC TIME	SICK TIME	HOL	Other -
Mon											
Tues											
Wed		6:30									
Thurs											
Fri											
Mon											
Tues											
Wed											
Thurs											
Fri											
Total											

EMPLOYEE SIGNATURE _____ DATE _____
 EXECUTIVE DIRECTOR _____ DATE _____

# of eligible hours		
# of hours used		
# of hours remaining		