

TIME & ATTENDANCE REPORT

**CASCADE COUNTY
FOSTER GRANDPARENT PROGRAM**
P.O. Box 1308 / Great Falls, MT 59403
Phone: (406) 454-6992 / FAX 454-6991

RSVP HOURS _____
SITE _____

Name _____

Worksite _____

TIME SHEET

Week ending _____ 20_____

Week ending _____ 20_____

Days of week	M	T	W	T	F			M	T	W	T	F	Total Hours
Regular hours worked													
IN SERVICE / TRAINING													
Holiday													
Personal leave													
Own car mileage													
Rides to Worksite													
Meals at worksite													

DIRECTIONS:

Enter "week ending" and year. Sign, complete, and date time sheet. Submit to Foster Grandparent's office by Thursday 5:00 PM of each pay period. Time sheets must be complete for regular hours worked, personal leave used, In-service meetings attended! Stipend checks can not be issued without a signed time sheet. Always sign your name – no one can sign for you!

Total Hours	
Total Meals	
Total Miles/Rides	

Volunteer's Signature _____ Date _____

Supervisor's Signature _____ Date _____

FGP Director Signature _____ Date _____