

FOSTER GRANDPARENT PROGRAM TIME SHEET

FOCUS on Senior Citizens • 1920 6th Street • Tuscaloosa • AL • 35401 • Phone: 758-3393 • Fax: 758-3395

Name: _____ Pay Period: _____

DAY	DATE	*CODE <small>(see below)</small>	HOURS <small>(put total number)</small>	# of Children worked with	LUNCH <small>(Yes, No or Home)</small>	MILES <small>(Round trip to Site each day.)</small>
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
DAY	DATE	*CODE <small>(see below)</small>	HOURS <small>(put total number)</small>	# of Children worked with	LUNCH <small>(Yes, No or Home)</small>	MILES <small>(Round trip to Site each day.)</small>
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
TOTALS						

***CODES:**

W = Working = Volunteering at site.
 I = In-Service Day
 A = Annual Leave/Sick Leave

F = Funeral
 H = Holiday

I CERTIFY THAT THE INFORMATION REPORTED HEREIN IS CORRECT.

 Foster Grandparent Signature

SIGNING OF THIS FORM CONSTITUTES PERMISSION TO USE \$ _____ PER MEAL AS AN INKIND DONATION AND THAT THE INFORMATION REPORTED HEREIN IS CORRECT.

Volunteer Station

 Site Liaison/Teacher Signature

FOR OFFICE USE ONLY

W _____	Hours: _____
A _____	
I _____	X \$2.65
H _____	
F _____	
Total Hours: _____	
Stipend Check Amount: _____	

_____ Miles @ \$.20	_____
_____ Meals @ \$1.35	_____
Reimbursement Total: _____	
In-kind: (Federal) # _____ @ \$ _____ = _____	
In-kind: (Non-Federal) # _____ @ \$ _____ = _____	
Other In-Kind: # _____ @ \$ _____ = _____	
In-kind Total: _____	

APPROVED: _____ FOSTER GRANDPARENT DIRECTOR