

Starpoint

FAMILY CENTER

FOR THE PAY PERIOD OF:

PRINTED NAME: _____ EMP ID # _____

THRU _____

EMPLOYEE SIGNATURE: _____

DATE: _____

DAY	DATE	EHS	FAM CTR	CPCF	SPIN	TCHF	CPCF	OTHER	TOTAL	PAID	TOTAL
		321	297	355	345	300	350		HOURS	TIME	WEEKLY
				TGYS			SIF		WORKED	OFF	HOURS
SUN	/										
MON	/										
TUE	/										
WED	/										
THU	/										
FRI	/										
SAT	/										
SUN	/										
MON	/										
TUE	/										
WED	/										
THU	/										
FRI	/										
SAT	/										
TOTALS:											

GRAND TOTAL

SUPERVISOR SIGNATURE: _____

FOR PAYROLL DEPT USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Home Visit | <input type="checkbox"/> Front desk Coverage |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Filing |
| <input type="checkbox"/> On-Going Assessment | <input type="checkbox"/> Tracking |
| <input type="checkbox"/> Screening | <input type="checkbox"/> Policy Council |
| <input type="checkbox"/> Training & Education | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Training & Education (personal) | <input type="checkbox"/> Parent Training |
| <input type="checkbox"/> Meetings | <input type="checkbox"/> Community Collaboration |
| <input type="checkbox"/> Socialization | <input type="checkbox"/> CHP+ Application |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Family Support |
| <input type="checkbox"/> Recruitment/Outreach Event | <input type="checkbox"/> Coordination/Input/Reporting of Family/Child/Staff Information |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Staff Supervision |
| <input type="checkbox"/> Staffing | <input type="checkbox"/> Intakes |

SPECIFY PTO (PAID TIME OFF)

L=Leave H=Holiday HW=holiday worked
 F=Funeral C=CLB j=jury
 WC=Worker's Compensation