Snoqualmie Tribe-CCDF Monthly Time Sheet

Child's Name _____ Month of: _____

Provider Name _____

Parent Signature: _____ **CCDF Administrator Signature:** _____

Day (M, T, W, etc)	Date	# of hours	Add'l Fees (late pick up)	Sick (v if apply)	Vacation (√ if apply)
	Total hours				
	Office Use:				
	Rate per hour				
	Total pay				