

**TRI-COUNTY OPPORTUNITIES COUNCIL
Head Start/Early Head Start TIME/WORK RECORD**

Position: _____

Site: _____

			Position 1	Position 2	Position 3	TOTAL	Daily
DATE	START TIME	FINISH TIME				Hours	Total

Office Use Only:

_____ HOURS _____	X _____ PER HOUR	TOTAL \$ _____
_____ HOURS _____	X _____ PER HOUR	TOTAL \$ _____
_____ HOURS _____	X _____ PER HOUR	TOTAL \$ _____

Grand Total Hours _____ TOTAL INCOME \$ _____

O. Mngr initials _____ A.O. Mngr initials _____

CODING

DATE _____ EMPLOYEE _____

Printed Name _____

DATE _____ APPROVED _____

DATE _____ APPROVED _____