Tri-County Opportunities Council
Head Start Program
405 Emmons Avenue, P.O. Box 610
Rock Falls, IL 61071
815/625-7830

Position: _____ **Center**: _____

Work Period Dates: _____ **to** _____

DATE	

Date Submitted: _____ **Employee Signature**: _____

Employee Name *(Please Print)*:_____

Date: _____ **Approved:** _____

Date: _____ **Approved:** _____