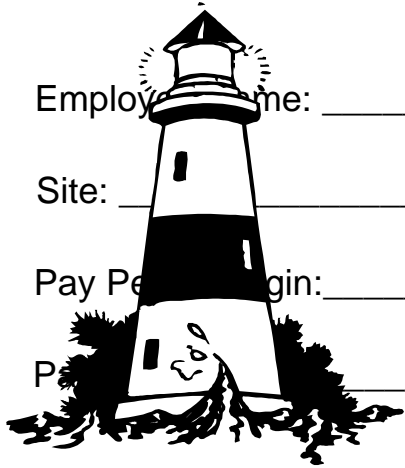


# AFTER-SCHOOL/SUMMER PROGRAMS



Employee Name: \_\_\_\_\_

Site: \_\_\_\_\_

Pay Period Begin: \_\_\_\_\_

Pay Period End: \_\_\_\_\_

	Date	In	Out	Total
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
	<b>Total Hours Wk. 1</b>			

	Date	In	Out	Total
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
	<b>Total Hours Wk. 2</b>			

& Week 2 \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_

*s of Lighthouse operating hours unless authorized by Lighthouse Director.*

## AFTER-SCHOOL/SUMMER PROGRAMS