



Leesburg Presbyterian Church

Child Care Attendant Time Sheet

Name _____ Month _____

Address if to be mailed: _____

_____ \$15/hr

_____ \$8/hr

	Date	Specify (Sun, MA!, Wed, Fri)	Time:	Number of Hours
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

Total Number of Hours _____

Youth Attendant

Total Amount Due \$ _____

Lead Child Care Attendant

1-701-6400

Deacon Child Care Representative

Date

For Office Use Only - Hours	
Sunday (207)	_____
MA! (701)	_____
Wednesday (706)	_____
Friday (705)	_____
Total	_____