

Funded Programs office use only:
Budget Code: _____

TITLE I CHILD CARE TIME REPORT

Date: _____

PLEASE PRINT:

Last Name First Name Middle Name

Mailing Address City State Zip

Telephone Number: _____ Social Security Number: : _____

Are you a Saint Paul Public School employee? YES _____ NO _____

If yes, position held _____ Place of Employment: _____

Employee No. _____

Date(s) of Service	Number of Hours
_____	_____
_____	_____
_____	_____
Total number of hours worked	_____

Pay Calculation: Total number of hours worked multiplied by pay rate = Total pay.

_____ x \$9.80/hr = \$ _____

School Name: _____

Child Care Provider Signature: _____

Principal Signature

Title I Signature

Date sent to Title I: _____

Date Processed by Title I: _____

Attach the white copy to the Title I Order Form.

Send to: Funded Programs
1021 Marion Street
Saint Paul, MN 55117