



Child Care Assistance Bi-Weekly Timesheet

CTE Student Name: _____ Number of Children: _____ Ages: _____

Caregiver Name: _____ Age: _____ Relation: _____

As the caregiver, I understand that the wage will be at \$20.00 for half the day or \$40.00 for a full day.

Date/Day	Start Time	End Time	Hours Worked	Hourly Rate	Total Pay
Ex. Mon 8/12/22	9:00am	11:30am	2.5 hours	LEAVE BLANK FOR STAFF	LEAVE BLANK FOR STAFF

Timesheets are due every two weeks on Friday, no later than 4:00pm. If you have a class that is later than 4pm Friday, timesheets are then due on Monday by 10am.

***I agree the document filled out is accurate and to the best of my knowledge. I understand that any false information presented will cause for immediate dismissal from the CTE Project.**

CTE Student Signature: _____ Childcare Provider Signature: _____