COLLEGE OF SOUTHERN IDAHO HEADSTART/EARLY HEADSTART PERSONNEL ACTIVITY REPORT

| | PE | RSONNEL | ACTIVITY R | EPORT | | | | |
|---------------------------------|--------------|-----------|-----------------------|--|--------------|----------|--------------|--|
| Employee | | | | | Time Perio | d | to | |
| . , | | | | | | | | |
| Position | | | | | | | | |
| Date | | | | | | | | |
| Program/Activity | M | TU | W | TH | F | SA | SU | Total |
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| Total - Hours Worked | | | | | | | <u> </u> | |
| Sick Leave | | | | | | | | |
| Vacation Leave | | | | <u> </u> | | | | |
| Paid Holiday | | | <u> </u> | <u> </u> | | | | <u> </u> |
| Other | | | <u> </u> | | | | <u> </u> | <u> </u> |
| TOTAL HOURS | | | | | | | | |
| Programs: | 1) Head | Start | 2) Early He | ead Start | 3) Other G | rant | | |
| | | | Work Code | es | | | | |
| A. Meet with pro | | : | | E. Assessr | | | | |
| B. Meet with pa | rents | | F. Training | | | | | |
| C. Policy | | G. Travel | | | | | | |
| D. Observation | | | | H. Other (| (please spec | ity) | | |
| I Certify that this Information | n is Correct | : | | | | | | |
| Employee Signature: | | | Supervisor Signature: | | | | Checked By: | |
| , , . | | | | C | | | | |