ELCMC Early Learning Coalition of Marion County, Inc.

Print Name:_____   **Month/Year:**_____

For every day you work enter the date, gross amount of money earned (before taxes) and the total number of hours worked for that day.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	FOR ELCMC USE ONLY Weekly Totals
Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	$:_____ Hours:_____
Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	$:_____ Hours:_____
Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	$:_____ Hours:_____
Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	$:_____ Hours:_____
Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	$:_____ Hours:_____
Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	Date:_____ $:_____ Hours:_____	$:_____ Hours:_____

Print Name: _____   Monthly Total Income: _____

Signature: _____
08/10