

# Attendance Sheet – Program Assistant

## – Children’s Integration Support Services

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Month of \_\_\_\_\_

Number of hours per day on contract \_\_\_\_\_

Name of Child Care Program \_\_\_\_\_

Child/children \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday	Approved Extra Hours for PA

When filling in the attendance sheet, please indicate absence of **either PA or child** and name of supply person used. Please call to clarify and confirm the need for extra hours for PA.

Submit the attendance sheet with the invoice. Invoices and the signed CISS monthly attendance sheet are to be faxed at 613-736-8378.

