

# SCHEDULE OF WORK HOURS

CLIENT NAME: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

Please send to: \_\_\_\_\_ by the 30th of each month. Fax: 705-725-9539 OR Email: feesubsidy@simcoe.ca

| Sunday          | Monday          | Tuesday         | Wednesday       | Thursday        | Friday          | Saturday        |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    |
| Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ |
| Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  |
| Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    |
| Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ |
| Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  |
| Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    |
| Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ |
| Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  |
| Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    | Shift: _____    |
| Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ | Drop off: _____ |
| Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  | Pick up: _____  |

Comments/Changes to Report:

I verify that the schedule provided is accurate. Client Signature: \_\_\_\_\_