

***(TEMPORARY AGENCY- CAPS PROGRAM)
CHILD CARE TIME RECORD***

Happy Faces
 4333 Lynburn Drive-Tucker, GA 30084
 Fax: 770-414-9072
 RE: CAPS Program

NAME: _____

DHS Organizational Unit: CHILD CARE

Position Title: _____

Position Number: _____ N/A _____ TEMPORARY AGENCY

Location: _____

Work Period: _____ through _____

Date	Begin Time	Meal Period*		End Time	Actual Work HRS/MINS	Comments
		Begin	End			

TOTAL (Actual Time Worked)

Overtime Earned **

Furlough ***

State Compensatory Time Earned **

Holiday Time Earned **

I hereby certify that this ARRA time record accurately reflects the time worked by me during the period covered.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

* Meal periods do not count as time worked as long as they are at least 30 minutes of uninterrupted time.

*** Employee furloughs are mandatory time off work with no pay.