

DATE DUE
FAX TO: 203 384-8835

Child and Family Guidance Center							FOR ACCT'G DEPT. ONLY	
Foster Grandparent Program							Stipend	_____
180 Fairfield Ave., 2nd FL - Bridgeport, CT 06604 - 4252							Travel	_____
							Meals	_____
Foster Grandparent Name: _____							Other	_____
Site Location: _____							Adj.	_____
							Total	_____
From: Week of: _____							To Week of: _____	
							Date Paid: _____	
<u>DATES</u>	<u>DAYS</u>	<u>HOURS</u>	<u>CODES</u>	<u>DRIVES</u>	<u>BUS</u>	<u>H/VAN</u>	<u>WALKS</u>	<u>MEALS</u>
	Mon.	_____	_____	_____	_____	_____	_____	_____
	Tues.	_____	_____	_____	_____	_____	_____	_____
	Weds.	_____	_____	_____	_____	_____	_____	_____
	Thurs.	_____	_____	_____	_____	_____	_____	_____
	Fri.	_____	_____	_____	_____	_____	_____	_____
	Mon.	_____	_____	_____	_____	_____	_____	_____
	Tues.	_____	_____	_____	_____	_____	_____	_____
	Weds.	_____	_____	_____	_____	_____	_____	_____
	Thurs.	_____	_____	_____	_____	_____	_____	_____
	Fri.	_____	_____	_____	_____	_____	_____	_____
<u>TOTAL OF HOURS</u>								
Signature of FGP: _____							Telephone No: _____	
Signature of Supervisor: _____							Telephone No: _____	
Signature of FGP Director: _____							Telephone No: 203 394 - 6529	
<u>CODES: THAT MUST BE USED</u>								
ABS	Absent without pay			H	Holidays allowed		SL	Sick Days 12 per year
AT/S	At school or other site			PL	Personal Days 2 per year		SR	Recess days per CGC
F/M	FGP Meeting			SH	School Holiday		VAC	VD allowed 12 per year

DATE RECEIVED: _____