

Transport Workers Union Local 100/MTA New York City Transit



80 West End Avenue 3rd Floor New York NY 10023 Tel (646)505-4500 Fax(646)505-4580

Name of TWU Member/Pass#: _____

Name of School/ Provider: _____

Name of child: _____

Contact Person: _____

Amount paid by parent:\$ _____

Address: _____

Amount paid by CC Fund: \$ _____

Tel: _____ Fax: _____

DECEMBER 2011

__ AM - __ PM 1	__ AM - __ PM 2	__ AM - __ PM 3	__ AM - __ PM 4	__ AM - __ PM 5	__ AM - __ PM 6	__ AM - __ PM 7
__ AM - __ PM 8	__ AM - __ PM 9	__ AM - __ PM 10	__ AM - __ PM 11	__ AM - __ PM 12	__ AM - __ PM 13	__ AM - __ PM 14
__ AM - __ PM 15	__ AM - __ PM 16	__ AM - __ PM 17	__ AM - __ PM 18	__ AM - __ PM 19	__ AM - __ PM 20	__ AM - __ PM 21
__ AM - __ PM 22	__ AM - __ PM 23	__ AM - __ PM 24	__ AM - __ PM 25	__ AM - __ PM 26	__ AM - __ PM 27	__ AM - __ PM 28
__ AM - __ PM 29	__ AM - __ PM 30	__ AM - __ PM 31				

Total No. of days attended: _____

TWU Member's Signature: _____

Provider's Signature: _____

Date: _____

Date: _____

*** TWU MEMBER please make sure you sign this attendance sheet at the end of this month, this original must be in our office by January 31 , 2012 -Thank You**

**Attendance sheet should be mail or walk in.
DO NOT FAX**