ATTENDANCE SHEET

CCF
TWU Local 100-MTA/NYCTA
Childcare Fund

Name of TWU Member: _____

TWU Member Pass #: _____

Child's Name: _____

Child's Age: _____

Name of School/ Provider: _____

Contact Person: _____

Address: _____

Tel: _____

NEWBORN TO PRE-K- FULL DAY HOURS KINDERGARTEN AND UP- BEFORE & AFTER SCHOOL OR OVERNIGHT CARE HOURS

DECEMBER 2025

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30 ___ FROM - ___ TO	1 ___ FROM - ___ TO	2 ___ FROM - ___ TO	3 ___ FROM - ___ TO	4 ___ FROM - ___ TO	5 ___ FROM - ___ TO	6 ___ FROM - ___ TO
7 ___ FROM - ___ TO	8 ___ FROM - ___ TO	9 ___ FROM - ___ TO	10 ___ FROM - ___ TO	11 ___ FROM - ___ TO	12 ___ FROM - ___ TO	13 ___ FROM - ___ TO
14 ___ FROM - ___ TO	15 ___ FROM - ___ TO	16 ___ FROM - ___ TO	17 ___ FROM - ___ TO	18 ___ FROM - ___ TO	19 ___ FROM - ___ TO	20 ___ FROM - ___ TO
21 ___ FROM - ___ TO	22 ___ FROM - ___ TO	23 ___ FROM - ___ TO	24 ___ FROM - ___ TO	25 ___ FROM - ___ TO	26 ___ FROM - ___ TO	27 ___ FROM - ___ TO
28 ___ FROM - ___ TO	29 ___ FROM - ___ TO	30 ___ FROM - ___ TO	31 ___ FROM - ___ TO	1 ___ FROM - ___ TO	2 ___ FROM - ___ TO	3 ___ FROM - ___ TO

TWU Member's Signature: _____

Date: _____

Provider's Signature: _____

Date: _____

TWU MEMBER: ORIGINAL WRITTEN attendance sheets are due January 15th in our office. DO NOT FAX OR EMAIL! Attendance sheets must be mailed, walked in, or placed in Childcare Fund mailbox outside of office door (if closed). Attendance sheets can be printed from www.twulocal100ccf.org.
*** Licensed providers must submit an updated license once their license expires.

WEEKLY BILLING SCHEDULE:

Attendance Sheet Month	Period (From/To)	Weeks
DECEMBER	11/30/2025 - 01/03/2026	5
JANUARY	01/04/2026 - 01/31/2026	4
FEBRUARY	02/01/2026 - 02/28/2026	4
MARCH	03/01/2026 - 03/28/2026	4
APRIL	03/29/2026 - 05/02/2026	5
MAY	05/03/2026 - 05/30/2026	4
JUNE	05/31/2026 - 06/27/2026	4
JULY	06/28/2026 - 08/01/2026	5
AUGUST	08/02/2026 - 08/29/2026	4

FOR CCF BOOKKEEPING USE ONLY:

INVOICE DATE: _____

INVOICE #: _____

MONTHLY CONTRACTED AMOUNT: $ _____

WEEKLY CONTRACTED AMOUNT: $ _____

GROSS AMOUNT: $ _____

FICA AMOUNT: $ _____

NET AMOUNT: $ _____