



## WORK SCHEDULE

MONTH: \_\_\_\_\_

Company Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

### ATTACH WORK SCHEDULE TO MONTHLY ATTENDANCE FORMS(S)

\*Failure to do so may delay payment to your Provider.

CHILD CARE LINKS RESERVES THE RIGHT TO VERIFY ANY HOURS LISTED WITH THE SUPERVISOR.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Fremont Office  
39055 Hastings Street, Suite 207D  
Fremont, CA 94538  
925.417.8733

Pleasanton Office  
6601 Owens Drive, Suite 100  
Pleasanton, CA 94588  
925.417.8733

Oakland Office  
80 Swan Way, Suite 130  
Oakland, CA 94621  
510.568.0306