



P A C E A P P
 PROFESSIONAL ASSOCIATION FOR CHILDHOOD EDUCATION
 ALTERNATIVE PAYMENT PROGRAM SINCE 1976
 Improving the Quality of Life for Families and Children

VERIFICATION FOR WORK HOURS

Month _____ Year _____

	Day of the Month	Work Hours in/out	Total Hours for day
1		From _____ am/pm to _____ am/pm	
2		From _____ am/pm to _____ am/pm	
3		From _____ am/pm to _____ am/pm	
4		From _____ am/pm to _____ am/pm	
5		From _____ am/pm to _____ am/pm	
6		From _____ am/pm to _____ am/pm	
7		From _____ am/pm to _____ am/pm	
8		From _____ am/pm to _____ am/pm	
9		From _____ am/pm to _____ am/pm	
10		From _____ am/pm to _____ am/pm	
11		From _____ am/pm to _____ am/pm	
12		From _____ am/pm to _____ am/pm	
13		From _____ am/pm to _____ am/pm	
14		From _____ am/pm to _____ am/pm	
15		From _____ am/pm to _____ am/pm	
16		From _____ am/pm to _____ am/pm	
17		From _____ am/pm to _____ am/pm	
18		From _____ am/pm to _____ am/pm	
19		From _____ am/pm to _____ am/pm	
20		From _____ am/pm to _____ am/pm	
21		From _____ am/pm to _____ am/pm	
22		From _____ am/pm to _____ am/pm	
23		From _____ am/pm to _____ am/pm	
24		From _____ am/pm to _____ am/pm	
25		From _____ am/pm to _____ am/pm	
26		From _____ am/pm to _____ am/pm	
27		From _____ am/pm to _____ am/pm	
28		From _____ am/pm to _____ am/pm	
29		From _____ am/pm to _____ am/pm	
30		From _____ am/pm to _____ am/pm	
31		From _____ am/pm to _____ am/pm	

 Employer Name (Print)

 Employer Signature

 Date

 Parent Name (Print)

 Parent Signature

 Date