



# ATTENDANCE SHEET

195 Montague Street, 4th Floor  
 Brooklyn, NY 11201  
 Tel: (718) 780-8700 Fax: (718) 222-1316

Name of TWU Member: \_\_\_\_\_

Name of School/ Provider: \_\_\_\_\_

TWU Member Pass #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name of child: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

NOVEMBER 2014						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						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	1 ____ FROM - ____ TO	2 ____ FROM - ____ TO	3 ____ FROM - ____ TO	4 ____ FROM - ____ TO	5 ____ FROM - ____ TO	6 ____ FROM - ____ TO

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 or billing cycle. This ORIGINAL attendance sheet must be in our office a week after the billing cycle ends. Weekly members, please refer to the Billing Cycle Schedule below. Thank you.*

**ORIGINAL ATTENDANCE SHEET MUST BE MAILED OR WALKED IN. DO NOT FAX!**

**WEEKLY BILLING SCHEDULE:**

Attendance Sheet Month	Period (From/To)	Weeks
NOVEMBER	11/02/2014 - 11/29/2014	4
DECEMBER	11/30/2014 - 01/03/2015	5
JANUARY	01/04/2015 - 01/31/2015	4
FEBRUARY	02/01/2015 - 02/28/2015	4
MARCH	03/01/2015 - 04/04/2015	5
APRIL	04/05/2015 - 05/02/2015	4
MAY	05/03/2015 - 05/30/2015	4
JUNE	05/31/2015 - 07/04/2015	5
JULY	07/05/2015 - 08/01/2015	4
AUGUST	08/02/2015 - 09/05/2015	5

**FOR BOOKKEEPING USE ONLY:**

INVOICE DATE: \_\_\_\_\_ MONTHLY CONTRACTED AMOUNT: \$ \_\_\_\_\_ GROSS AMOUNT: \$ \_\_\_\_\_  
 INVOICE #: \_\_\_\_\_ WEEKLY CONTRACTED AMOUNT: \$ \_\_\_\_\_ FICA AMOUNT: \$ \_\_\_\_\_  
 NET AMOUNT: \$ \_\_\_\_\_