



Family Support Grant
Staff/Respite Schedule

COMMUNITY SERVICES
WCCS-75000-123 (11-25)

FSG Recipient's Name: _____

Grant Year: _____

Staff Name and Pay Rate	Days and Hours Work - 1st Quarter: Jan. - March						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Parent/Guardian Signature: _____ Date: _____

Staff Name and Pay Rate	Days and Hours Work - 2nd Quarter: April - June						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Parent/Guardian Signature: _____ Date: _____

Staff Name and Pay Rate	Days and Hours Work - 3rd Quarter: July - Sept.						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Parent/Guardian Signature: _____ Date: _____

Staff Name and Pay Rate	Days and Hours Work - 4th Quarter: Oct. - Dec.						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Parent/Guardian Signature: _____ Date: _____

Please return this document quarterly to ComSvsFamilySupportGrant@washingtontcountymn.gov or fax 651-430-4193 by the following dates:
 April 1, July 1, Oct. 1, and Jan. 1 (for staffing or respite costs).

If transportation costs are being reimbursed for the staff, please include this information.

April 1 (for Jan. - March) | **July 1** (for April - June) | **Oct. 1** (for July - Sept.) | **Jan. 1** (for Oct. - Dec.)