



CONTACT INFORMATION
 SHERWOOD WALKER (PROJECT MANAGER)
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EXTENDED DUTY CARE PROGRAM TIME SHEET

WEEK OF SUNDAY: 29/01/2006

THROUGH SATURDAY: 04/02/2006

Provider Name

Provider ID:

Installation

DAY OF THE WEEK/DATE("dd/mm/yyyy")	<input type="checkbox"/> No Service Provided <input type="checkbox"/> No Care Available From: _____ To: _____
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1. Child Name

Age:

Sponsor:

Rank:

Branch:

STATUS <input type="checkbox"/> No Show <input type="checkbox"/> Cancellation

Time In: _____	Time Out _____
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TYPE OF SERVICE(S)

- | | |
|--|---|
| <input type="checkbox"/> AFR(AIR FORCE RESERVE) | <input type="checkbox"/> MR(MARINES) |
| <input type="checkbox"/> ANG(AIR NATIONAL GUARD) | <input type="checkbox"/> NAV(NAVY) |
| <input type="checkbox"/> CIV(CIVILIAN) | <input type="checkbox"/> SBP(substitute care that you provided to relieve another provider) |
| <input type="checkbox"/> CG(COAST GUARD) | <input type="checkbox"/> SUB(substitute care provided for you when you were unavailable) |
| <input type="checkbox"/> EDC(EXTENDED DUTY CARE) | <input type="checkbox"/> RHC(RETURNING HOME CARE) |

DAY OF THE WEEK/DATE("dd/mm/yyyy")	<input type="checkbox"/> No Service Provided <input type="checkbox"/> No Care Available From: _____ To: _____
------------------------------------	---

2. Child Name:

Age:

Sponsor:

Rank:

Branch:

STATUS <input type="checkbox"/> No Show <input type="checkbox"/> Cancellation

Time In: _____	Time Out _____
-----------------------	-----------------------

TYPE OF SERVICE(S)

- | | |
|--|---|
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| <input type="checkbox"/> ANG(AIR NATIONAL GUARD) | <input type="checkbox"/> NAV(NAVY) |
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Provider Signature _____

Supervisor Signature _____

Supervisor Name _____



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------------------------------------	---

3. Child Name

Age:

Sponsor:

Rank:

Branch:

STATUS

- No Show
- Cancellation

Time In:	Time Out
-----------------	-----------------

TYPE OF SERVICE(S)

- | | |
|--|---|
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DAY OF THE WEEK/DATE("dd/mm/yyyy")	<input type="checkbox"/> No Service Provided <input type="checkbox"/> No Care Available From: _____ To: _____
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4. Child Name:

Age:

Sponsor:

Rank:

Branch:

STATUS

- No Show
- Cancellation

Time In:	Time Out
-----------------	-----------------

TYPE OF SERVICE(S)

- | | |
|--|---|
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Provider Signature _____

Supervisor Signature _____

Supervisor Name _____