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# ECD Shift Attendance Verification

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Member Name: \_\_\_\_\_

Shift Date: \_\_\_\_\_ Shift Arrival Time: \_\_\_\_\_ Shift End Time: \_\_\_\_\_

Member Signature: \_\_\_\_\_

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## ECD Verification:

ECD Employee Signature: \_\_\_\_\_

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## CHS Approved By:

Chief Allen: \_\_\_\_\_ Date: \_\_\_\_\_

CFO Lenhardt: \_\_\_\_\_ Date: \_\_\_\_\_