



375 Lake Blvd. Ste. #100
Redding, CA 96003
(530) 241-1036; Fax (530)241-2703

**CSPP/CCTR State Programs
Variable Schedule Agreement**
Please use blue or black ink only.

I _____, Parent/Guardian of _____
understand and agree that as long as my child/children is/are enrolled in the Shasta Head Start
CSPP/CCTR State Program, I will:

1. Provide the information necessary to support my asserted days and hours worked per month (Title 5, Section 18086 (d)).
2. Provide a completed variable schedule, not to exceed the number of hours determined to be needed per week (Title 5, Section 18086 (b)(2)(D)).

Please read and **initial the following:**

I understand that I am required to turn in documentation of the prior month's hours worked on the first business day of the current month, and it is considered late on the 3rd business day of the current month.

I understand that it is my responsibility to contact the Shasta Head Start Enrollment team if I wish to set up a reasonable time frame to provide the required documentation.

I understand that if I fail to provide the required documentation on time, I will be issued a Notice of Action (NOA) to terminate services, because I did not provide all required documents to establish need for care. (EC 8263(a)(2); 5 CCR, sections 18084-18092, 18100).

*Please note that you may notify Shasta Head Start if your schedule changes from variable to predictable or fixed and you would like to update your contract (*Please use form ST025*)

Parent Signature

Date

SHS Representative

Date