



Shasta Head Start

CHILD DEVELOPMENT, INC.

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

CSPP/CCTR State Programs Variable Schedule Agreement

I Yogi Bear, Parent/Guardian of Bobo Bear
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 (2)).
3. Provide fluctuating income documentation, including (Title 5, Section 18078);
 - a. Unpredictable days and hours of employment
4. I will notify Shasta Head Start of any changes within five (5) calendar days.

Please read and **initial the following**:

YB I understand that I am required to turn in the prior month's variable employment schedule on the first business day of the current month, and it is considered late on the 5th of the current month.

YB I understand that I am required to turn in the prior months pay stubs on the first business day of the current month, and it is considered late on the 5th of the current month.

YB I understand that it is my responsibility to contact the Enrollment Coordinator if I wish to set up a reasonable time frame to provide the required documentation.

YB 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 immediately, because I did not provide all required documents to establish need for care. (EC 8263 (a) (2); 5 CCR, sections 18084-18092, 18100

I declare under penalty of perjury that the above information is true and correct.

Yogi Bear
Parent Signature

6/5/16
Date

Awesome Staff
SHS Representative

6/5/16
Date