

### Staff/Respite Schedule for FSG

FSG Recipients Name: \_\_\_\_\_

Grant Year: \_\_\_\_\_

**Staff Name and pay rate**

**Days and Hours work 1<sup>st</sup> Quarter: January – March**


Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Name and pay rate**

**Days and Hours work 2<sup>nd</sup> Quarter: April – June**


Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Name and pay rate**

**Days and Hours work 3<sup>rd</sup> Quarter: July – September**


Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Name and pay rate**

**Days and Hours work 4<sup>th</sup> Quarter: October – December**


Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this document quarterly to [comsvsfamilysupportgrant@co.washington.mn.us](mailto:comsvsfamilysupportgrant@co.washington.mn.us) or fax 651-430-4193 by the following dates: April 1<sup>st</sup>, July 1<sup>st</sup>, October 1<sup>st</sup>, and January 1<sup>st</sup> – for staffing or respite costs. If transportation costs are being reimbursed for the staff, please include this information.

**April 1<sup>st</sup>** for January – March 2022

**July 1<sup>st</sup>** for April – June 2022

**October 1<sup>st</sup>** for July – September 2022

**January 1<sup>st</sup>** for October – December 2022