# A.N.G.E.L.S. Monthly Report

| NAME | CENTER NAME | MONTH | DAY | # OF HOURS |
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The hours that I am reporting are accurate_____

A.N.G.E.L.S. Signature

**I wish to remain on the Availability List YES NO (circle one)**

**I am working full-time at a center. Center Name:_____**
**Please take my name off of list.**

**PLEASE RETURN MONTHLY REPORTS TO: Crystal Kowley, ANGELS Coordinator**
**10601 Belcher Road So.**
**Largo, FL 33777**
**PHONE: 547-4274**
**Email: ckowley @childcarepinellas.org**

**MONTHLY REPORTS MUST BE IN TO THE OFFICE BY THE 5TH OF EVERY MONTH**