TUTORING TIMESHEETS

NAME _____ JOB DESCRIPTION _____

ADDRESS _____ EMPLOYEE ID NUMBER 935-00- (_____)

SCHOOL/DEPT. _____ WORK PERIOD _____

BUDGET CODE (IF APPLICABLE) **11..11119.112. .7710** CONTRACT HOURS PER DAY _____

MONTH	DATE	WEEK DAY	TIME IN	TIME OUT	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS	CLASS STEP-UP (CM/HC/BA)*
TOTAL HOURS FOR PAY PERIOD								

I, _____, CERTIFY THAT THE ABOVE TIME RECORD IS CORRECT, AND THAT IT INCLUDES ALL TIME WORKED DURING THIS WORK PERIOD.

APPROVED BY _____
(PRINCIPAL OR SUPERVISOR)

EXTRA

_____ @ $30.00

Tutoring/Detention Report

Name _____ School_____

Date	Activity (Tutoring or Dentention)	Subject (if applicable)	Number of Students Served

I, _____ certify that the above report is correct and accurate and includes all students served in after school tutoring/detention programs for the time period reported.