

HOMEBOUND TUTORING TIME SHEET

DEER CREEK-MACKINAW CUSD #701

TUTOR'S NAME: _____

STUDENT'S NAME: _____

STUDENT'S SCHOOL & GRADE: _____

WEEK OF:	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
TOTAL HOURS					

EMPLOYEE'S SIGNATURE _____

TIME SHEETS MUST BE COMPLETED WEEKLY AND TURNED IN TO THE PRINCIPAL'S OFFICE BY 12:00 NOON MONDAY OR THE NEXT WORK DAY

Principal's Initials: _____	_____ Hours @ Reg Time X _____ Rate = \$ _____
Superintendent's Signature: _____	_____ Hours @ 1.5 Time X _____ Rate = \$ _____
Comments: _____	TOTAL PAY \$ _____