

SARANAC CENTRAL SCHOOL

P.O. BOX 8

SARANAC, NY 12981

Phone: 518-565-5600

TIME SHEET - HOME TEACHING/TUTORING

NAME: _____ Account Code _____

ASSIGNMENT: _____
(Location Worked or Name of Student if Home Teaching)

Date	Start Time*	End Time*	Hours/Day	Total Gross/Day
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Tutoring Time Total

If a teacher arrives for a scheduled session, and the student is unavailable, a 0.33hr session may be entered below:

_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

I certify that I have provided _____ hours of tutoring, as stated above _____
Employee's Signature Date

I certify that the tutor named above provided _____ hours of tutoring for my child _____
Signature of Parent/Guardian Date

*Start and End times recorded above must represent the actual start and end times of sessions with the student