

INSTRUCTOR'S TIME SHEET

DATE SUBMITTED _____

INSTRUCTOR'S NAME _____

BUILDING LOCATION OR ADDRESS _____

EMPLOYEE ID # _____

DATE	TIME BEGIN TEACHING	TIME END TEACHING	TOTAL HOURS	DATE	TIME BEGIN TEACHING	TIME END TEACHING	TOTAL HOURS

Total Hours: _____

THIS IS TO CERTIFY THAT THE HOURS LISTED ARE TRUE AND CORRECT

Name of Student(s) Instructed _____

Signature of Parent/Guardian* _____

Signature of Instructor _____

School Student(s) Enrolled at _____

* Original parent or guardian signature necessary before HOMEBOUND time sheet is turned into Pupil Services Office.

INSTRUCTIONS TO TEACHERS: SUBMIT ORIGINAL FORM TO THE STUDENT SERVICES OFFICE, YARDLEY AVENUE, FALLSINGTON, PA.

Do not write below this line

_____ hours at _____ = _____

Approved for payment:

Pay date _____

- ____ HBEL 10 1430 905 000 10 00 - 126
- ____ HBSEC 10 1430 905 000 20 00 - 126
- ____ TUTEL 10 1100 905 091 10 00 - 126
- ____ TUTSEC 10 1100 905 091 20 00 - 126

Director of Student Services