

HARRISON HILLS CITY SCHOOL DISTRICT

730 Peppard Ave
Cadiz, OH 43907

HOMEBOUND INSTRUCTION TIMESHEET

This report is to be submitted to the Assistant Superintendent's Office before the tenth of each month following the month covered by the report. Please make a copy for your records.

Month of _____, 20____

Teacher's Name _____

Student's Name _____

MONTH	DAY	START TIME	END TIME	TTL HOURS
	SUN			
	MON			
	TUES			
	WEDS			
	THURS			
	FRI			
	SAT			
	SUN			
	MON			
	TUES			
	WEDS			
	THURS			
	FRI			
	SAT			
	SUN			
	MON			
	TUES			
	WEDS			
	THURS			
	FRI			
	SAT			

MONTH	DAY	START TIME	END TIME	TTL HOURS
	SUN			
	MON			
	TUES			
	WEDS			
	THURS			
	FRI			
	SAT			
	SUN			
	MON			
	TUES			
	WEDS			
	THURS			
	FRI			
	SAT			
	SUN			
	MON			
	TUES			
	WEDS			
	THURS			
	FRI			
	SAT			

TOTAL HOURS TAUGHT: _____

I hereby certify that this report is a true and accurate statement of the actual hours worked by me on each of the above listed dates:

EMPLOYEE SIGNATURE: _____

Approved By:

ASSISTANT SUPERINTENDENT SIGNATURE: _____

Treasurer's Office			
Total Hours	Rate	Total Due	Account Code
_____	_____	_____	_____