

## Hello, and Welcome to Home Hospital at TUSD.

### STUDENT REMAINS ON TEACHER ROLL

Here is some general information regarding Home Hospital teaching. Always feel free to contact me if you have any questions, no matter how trivial you think they may be. My job is to be a resource for you. If you are having any issues with parents, the student, &/or other teachers regarding expectations regarding your time, duties, assignments don't hesitate to call or email me.

- Elementary and Middle School students receive 1 hour of Home Hospital services per week.
- High school students can have up to 2 hours of tutoring per week.
- You should contact the regular teachers and make arrangements for picking up the assignments and returning the assignments so they can correct and grade. **This is very important:** If regular classroom teachers are not being cooperative by providing assignments, please contact me immediately. At the high school level, the HH teacher needs to contact the site principal immediately and inform him/her that you are not receiving assignments on a timely basis and cc me at [ecamacho@tusd.net](mailto:ecamacho@tusd.net).
- You also need to contact the parents to make arrangements to meet the student either at school or the library.
- Generally, teachers only go to the home if the student is so ill they can't leave the home, i.e. chemo treatments, foot surgery. For your own protection, **we suggest that you do not enter the home unless there is someone over 18 in the home with the student.**
- You will be paid at current hourly rate found in Appendix D of the hourly salary schedule, with 1 extra hour of prep time paid after every 5 hours of instruction. Turn in your timesheet to the Special Ed. Department after the fifteenth of each month. The SP Ed Director will sign them and we will submit them to Payroll.
- Timesheets are used for two purposes: the first is to pay the teacher, but the second purpose is equally important - **the Finance Department tracks ADA via the timesheets. TUSD can only receive ADA for actual hours of instruction.** On the yellow time sheet, put down the hours you taught. You will need to log one hour prep separately for every 5 hours taught. Label each prep hour.

- Ask parent or adult to sign Monthly Home Hospital Student Attendance Log to confirm instruction hours received.
- Also please let **me know within 48 hours if the student doesn't show up for his or her appointment.** Each HH absence equals an absence of 5 regular school days. I need to know as soon as possible so Truancy can be informed if the student continues to miss appointments. Label the hour the student did not show as "absent" on the timesheet.

Here is a review of the HH process for most students:

- A. Regular classroom teachers send or take all of the assignments to the HH teacher's mailbox or classroom. All regular classroom teachers must provide work. The only exceptions might be PE or science lab classes - check with your counselor or principal.
  
- B. HH teacher is not teacher of record. The student's attendance may be transferred to HH program for the time period on the doctor's note, but the assignments are provided by & corrected by the regular classroom teachers. His or her grades are given by the regular classroom teachers. This is to help the student keep up with the same assignments as his or her classmates, and transition back into the classroom.
  1. HH teacher picks up the assignments,
  2. Takes the assignments to the student
  3. Answers any questions student may have
  4. Returns the work student has completed back to the regular classroom teacher(s)
  5. Lets the regular teachers know of any problems the student may have with the assignments and gets any help/answers the student may need from the regular teachers
  6. Back to # 1
  
- C. HH teachers proctor any tests given by the regular classroom teachers.

Any questions call me at 830-3270.

Thanks,  
 Elena Camacho  
 Special Ed Dept.

# Tracy Unified School District

1875 W Lowell Ave – Tracy, CA, 95376

## Certificated Time Sheet

Form due to Financial Services by the 20<sup>th</sup> of each month

Name of Employee \_\_\_\_\_ ID # \_\_\_\_\_

Print Name

Payroll Period: From \_\_\_\_\_/16/20\_\_\_\_\_ To: \_\_\_\_\_/15/20\_\_\_\_\_

Mo. Yr. Mo. Yr.

Extra Services  Saturday School  Work Experience  Per Diem Rate

Home/Hospital Name of Student \_\_\_\_\_ (For Home/Hospital use only)

Date	Hours Work Performed (8am-5pm)	Actual Hours Worked	Date	Hours Work Performed (8am-5pm)	Actual Hours Worked	Date	Hours Work Performed (8am-5pm)	Actual Hours Worked
16			27			7		
17			28			8		
18			29			9		
19			30			10		
20			31			11		
21			1			12		
22			2			13		
23			3			14		
24			4			15		
25			5					
26			6				Grand Total of Hours	

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Site/Department \_\_\_\_\_ Funding Source \_\_\_\_\_ (Targeted, T1, Site, etc)

Type of Extra Service \_\_\_\_\_ Name of Workshop \_\_\_\_\_

Account Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - **1107** - \_\_\_\_\_ - \_\_\_\_\_

Approvals: \_\_\_\_\_

Site/Department Signature

Date

Budget Manager Signature

Date

**PAYROLL USE ONLY**

\_\_\_\_\_ Hrs. @ \_\_\_\_\_ \$ \_\_\_\_\_

Total Paid: \_\_\_\_\_

\_\_\_\_\_ Hrs. @ \_\_\_\_\_ \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

# Home Hospital Student Attendance Log

Teacher \_\_\_\_\_

Student Name \_\_\_\_\_

Month and Year \_\_\_\_\_

Teacher: Put the date , and start & end time on time sheet for each visit with the student and submit this form with your timesheets each month.

Parent: Please certify that your student spent the entire time studying with the teacher

#	Date	Time Started	Time Concluded	Teacher Signature	Parent Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

# TRACY UNIFIED SCHOOL DISTRICT TRAVEL AND EXPENSE CLAIM

Month of: \_\_\_\_\_, 2020

Name: \_\_\_\_\_ Employee# \_\_\_\_\_ Site: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Ca Zip \_\_\_\_\_  
 Account Number: \_\_\_\_\_

Note: Submit to the Finance office. Please attach all receipts and other supporting papers. Names of Organizations should be written in full; do not use initials. **Must be turned in within 30 days.**

Date	Miles	Destination & Purpose	Date	Miles	Destination & Purpose
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16					

**MISCELLANEOUS EXPENSES: Do not use this form for conf/workshop reimbursements**

Date	Description	Amount	Date	Description	Amount
		\$			\$
		\$			\$
		\$			\$

\_\_\_\_\_  
Signature of Claimant Date

\_\_\_\_\_  
Approved Supervisor Date  
Rev 1/5/2023

Total Misc. Expenses:	\$
Miles @ <b>\$.655</b>	\$
<b>TOTAL CLAIMED:</b>	\$