TUTORING TIME SHEET

Hillsboro City School District
(Minimum one hour per day for every school day missed)

Name of Student _____ **School Year** _____

COPIES:

_____ **Special Education Director** ☐ IEP ☐ NON-IEP

_____ **Student's counselor or teacher to be put in permanent record file**

_____ **Treasurer's Office after proper completion and all required signatures**

Date		Subject		Check in Time		Check out Time		# Hours

TOTAL HOURS _____

Parent Signature Date

Instructor Signature Date

Building Principal Signature Date

Special Ed. Director Date

Timesheets must be submitted to building principal on the 16th and at the end of the day on the last day of month.
No payment without required signatures.

01-2012 ES