



# **Wilson County Schools**

## **Homebound Services for Regular Education Students Procedures Manual**

*Wilson County Schools does not discriminate on the basis of race, color, national origin, sex, or disability in admission to, access to, and treatment in its programs and activities.  
Wilson County Schools is an equal-opportunity employer.*

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## Introduction

*Wilson County Schools Homebound Services for Regular Education Students Procedures Manual* provides guidelines for educating students confined at home or in a health care facility for periods that would prevent normal school attendance as documented by a licensed medical or mental health professional.

Homebound instruction is designed to provide continuity of educational services between classrooms, homes, or health care facilities for students whose medical needs, physical or psychiatric, make them unable to attend school. Additionally, homebound instruction may supplement the classroom program for children with health impairments whose conditions may interfere with regular school attendance. Homebound services are available to all qualifying students enrolled in Wilson County Schools. Homebound instruction is temporary. While no specific number of days can be set due to the many complex variations among children, the “temporary” requirement is based on the premise that instruction should take place in the school setting to the fullest extent possible.

## Operational Procedures

Wilson County Schools provides homebound instruction for any student who is expected to be confined for more than three consecutive weeks due to medical or mental health needs. The amount of homebound instruction will be based on the student's individual needs, but in most cases, will be approximately four to eight (4-8) hours per week. A minimum of four (4) hours is required, not to exceed ten (10) hours per week without prior approval. Extenuating situations in which students may be confined for less than three weeks can be evaluated.

The following documentation is required to request homebound instruction:

1. 504/Transitory Impairment Eligibility Form (same as in district 504 manual) - see **Appendix A**
2. Completed Equal Education Opportunity Plan or 504 Plan including details of accommodation plan and name of the homebound teacher (same as in district 504 manual) - see **Appendix B and**
3. Medical Documentation – A medical statement **signed by a licensed medical or mental health professional** must be completed (see **Appendix C**). At the bottom of Appendix C is a “school only” box for the school designee to check the type of homebound service as hybrid or face-to-face instruction.

Medical documentation other than on the *Wilson County Schools Regular Education Homebound Instruction Medical Form* can be accepted **ONLY IF ALL** of the points below are included in documentation from the provider, including the provider’s signature, on the forms provided by the provider’s office.

This statement should provide:

- a specific description of the medical condition
- confirmation that the student will be away from the classroom for more than three weeks
- the anticipated length of time s/he is expected to be unable to attend school
- any physical or psychological limitations

Note, the homebound services designee will need to complete the “school only” box on the Wilson County Schools *Regular Education Homebound Instruction Medical Form* by selecting the type of the homebound service as hybrid instruction or face-to-face instruction, even if medical documentation is provided separately.

## **Homebound Request and Assignment Procedures**

- The above documents should be sent to the WCS Executive Director of Student Services for approval.
- The school designee will be notified in writing whether the request was approved or denied.
- If the request is approved for homebound services, the school designee shall notify appropriate personnel at the school, including, but not limited to, the person responsible for securing the homebound instruction (i.e., administration, student’s counselor, teachers, etc.).
- Upon approval, the school will notify the student’s parents/guardians of the expected start date of homebound services and the type of instruction to be provided.
- Hybrid instruction occurs when the student's teacher(s) of record will include the student in class virtually during the normally scheduled class meeting time. The teacher(s) of record providing homebound services is referred to as the hybrid homebound teacher.
- Face-to-face instruction is provided by a face-to-face homebound teacher who will provide instruction to the student outside school using work packets created by the teacher(s) of record.
- If face-to-face instruction is to be provided, the school will notify the WCS Executive Director of Student Services of the name of the face-to-face homebound teacher & to discuss the payroll logistics.
- The face-to-face homebound teacher will contact the parent/guardian to establish the first home visit. During the first home visit, the face-to-face homebound teacher will explain and complete the *Student and Parent/Guardian Consent Form (Appendix D)* and have it signed by parent/guardian and student.

## **Program Description**

The primary objective of the Homebound Services Program is to provide continuity of instructional services while a student cannot attend school so that the student can return to school with the knowledge and skills sufficient to resume her/his previous academic programming.

## **Face-to-Face Homebound Teacher**

An individual employed/contracted as a face-to-face homebound teacher, must hold a North Carolina license in education or be determined to be eligible for such by the North Carolina Department of Public Instruction Licensure section. The face-to-face homebound instructor must follow Wilson County Schools’ policies and fulfill the responsibilities on the face-to-face homebound teacher Responsibilities Sheet. The teacher(s) of record will provide assignments to the face-to-face homebound instructor, who delivers the assignment to the

student outside the school setting and is available to answer general questions about coursework.

## Regular Education Homebound Teacher Responsibilities

- A. When the homebound documents have been approved for hybrid instruction, school administration will notify the teacher(s) of record within forty-eight hours of the assignment. The hybrid homebound teacher will provide educational services by connecting the student virtually to the class being taught face-to-face with other students at the time that the student would normally be part of the class. Hybrid instruction will begin as communicated by the homebound services designee.
- B. When the homebound documents have been approved for face-to-face instruction with a face-to-face homebound teacher, school administration will procure a face-to-face homebound teacher to provide educational services. The face-to-face homebound teacher will make initial contact with the parent/guardian of the student within forty-eight hours of the assignment. If needed, the face-to-face homebound teacher will contact the school homebound services designee within forty-eight hours of assignment to arrange a meeting with the counselor or the teachers to determine the areas of instruction and/or special needs.
- C. The face-to-face homebound teacher will arrange a conference with the parents to explain the process, and instruction that will take place, and to set up a homebound schedule the student and parents will be expected to follow.
- D. The face-to-face homebound teacher will get appropriate signatures on the Parent/Guardian Consent form and return it to the homebound services designee.
- E. The face-to-face homebound teacher will complete the *Homebound Instruction Assignment Sheet* (see **Appendix E**) weekly and turn it in monthly to the Executive Director of Student Services with copies of the timesheet (see **Appendix F**).
- F. The face-to-face homebound teacher or the teacher of record will contact the homebound school services designee when the student has missed **two home visits or hybrid instruction sessions** without an appropriate excuse. The homebound school services designee will contact the parent/guardian to discuss the importance of the homebound instruction and explain that missing sessions without prior notice of an excusable absence will count as an unexcused absence. The homebound school services designee will also explain that, after a third absence, homebound instruction may be discontinued. The face-to-face homebound teacher will contact the homebound school services designee when the student has **missed three scheduled appointments or hybrid instruction sessions**. Homebound services may be discontinued after the third absence. This will be determined on a case-by-case basis after communication between the homebound school services designee and the Executive Director of Student Services.

- G. A meeting of the Section 504 Team may be called at any time to review the student's progress on homebound and to reassess the student's placement. However, the homebound placement shall be reviewed, at a minimum, monthly by the Section 504 Team to determine its continued appropriateness.
- H. When a student has been cleared by a licensed physician or licensed clinical psychologist to attend school, the homebound services designee will notify the teachers and the Executive Director of Student Services.
- I. The face-to-face homebound teacher will return all instructional materials to the school (if applicable). The hybrid homebound teacher will return equipment to the homebound services designee (if applicable).
- J. Time Sheets and signed *Student Assignment* sheets must be completed in ink and submitted to the Executive Director of Student Services by the last working day of each month. Missed home visits in which the face-to-face homebound teacher drove to the home and the student was not available may be documented as one hour on the timesheet.

### **School's Responsibility for Regular Education Homebound Instruction Program**

- A. The school will assign homebound services for the student when:
  - a. a licensed medical or mental health professional recommends that a student be placed on homebound for medical or mental health reasons.
  - b. a licensed medical professional orders bed rest during pregnancy, or the doctor recommends postpartum recovery.
- B. The school homebound services designee will forward the documents to the Executive Director of Student Services.
- C. The school homebound services designee will refer students for homebound instruction using the appropriate documents.
- D. If a face-to-face homebound teacher is assigned, the school homebound services designee will notify the Executive Director of Student Services when the services will begin, the name of the face-to-face homebound teacher, if any significant concerns regarding a student's homebound instruction arise, and when the student returns to school. Additionally, the homebound services designee or teacher(s) of record will assist the face-to-face homebound teacher by providing:
  - a. background information for appropriate instruction, description of courses being taught,
  - b. books/materials to be used by the student and supplying these materials and teacher editions,
  - c. weekly assignments for the student, and
  - d. specific times for picking up weekly assignments which should be worked out between the school and the face-to-face homebound teacher.

- E. If a hybrid homebound teacher is assigned, the school homebound services designee will assist the hybrid homebound teacher by providing:
  - a. background information for appropriate support to continued instruction virtually, and
  - b. equipment requested from the technology department (if applicable).
- F. Teacher(s) of record are responsible for all grading in consultation with the face-to-face homebound teacher.
- G. In the event the face-to-face homebound teacher or hybrid homebound teacher notifies the school designee of **two missed home visits or hybrid instruction sessions**, the school homebound designee will contact the parent/guardian to discuss the importance of the homebound instruction and explain that missing instruction without prior notice of an excusable absence will count as an unexcused absence. The school homebound designee will also explain that homebound instruction may be discontinued after a **third absence**. The school homebound services designee will contact school administration and the Executive Director of Student Services if the student accumulates **three missed home or hybrid instruction sessions**. Whether homebound services should be discontinued after the third absence will be determined on a case-by-case basis after communication between the school homebound designee, school administration, and the Executive Director of Student Services.

## Appeals Process

If parents/guardians disagree with the decision(s) made regarding their child's homebound services, they have the right to file a grievance pursuant to the 504 Grievance Procedure, or request a 504 impartial due process hearing in accordance with the procedures set forth in the *Wilson County Schools Section 504 Procedures Manual*.

**Appendix A**  
**WILSON COUNTY SCHOOLS**  
**SECTION 504 ELIGIBILITY**

**Name:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Student ID#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Evaluation Information** (Check boxes that apply; 34 CFR G.S.104.35(c))

<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Report Card (Required)
<input type="checkbox"/> Physician Report	<input type="checkbox"/> Standardized Test Results
<input type="checkbox"/> Parent Input	<input type="checkbox"/> Discipline History
<input type="checkbox"/> Social/Developmental History	<input type="checkbox"/> MTSS Documentation
<input type="checkbox"/> Scholastic Record	<input type="checkbox"/> Observation Data
<input type="checkbox"/> Work Samples	<input type="checkbox"/> Curriculum-based assessments
	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Teacher input (Required)	

*\*All efforts should be made to acquire psychological information and/or physician's report  
(Copies of checked evaluations, reports, etc. are maintained in the student's Section 504 folder)*

**Eligibility Analysis**

**1. Does the student have a mental or physical impairment?** (check one)

☐ **No** (if "no," go to Eligibility Determination section)  
☐ **Yes** (if "yes," identify the impairment and supporting data)

\_\_\_\_\_  
\_\_\_\_\_

**2. Describe the impairment(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**A. Is the impairment temporary** (less than 6 months)?\* ☐ **No** ☐ **Yes** (if "yes," describe frequency, intensity, or expected duration; consider if transitory instead of 504):

\_\_\_\_\_  
\_\_\_\_\_

**B. Is the impairment episodic, intermittent, or in remission?** ☐ **No** ☐ **Yes** (if "yes," describe frequency, intensity, or expected duration) \_\_\_\_\_

\_\_\_\_\_

**3. Does culture, economics, or environment (CEE) account for limitations in a Major Life**



**Activity/Major Bodily Function (MLA/MBF)? (Check one)**

☐ **No** (If “no,” go to next item)

☐ **Yes** (If “yes,” describe why CEE limits MLA/MBF and go to Eligibility Determination section)

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**4. When in an active state, does the impairment substantially limit one or more Major Life Activities when compared to the average, non-disabled student? (Check one)**

☐ **No** (If “no,” go to the Eligibility Determination)

☐ **Yes** (If “yes,” complete the Student Learning Questionnaire)

**If yes please check all that apply:**

☐ Caring for Self

☐ Seeing

☐ Eating

☐ Walking

☐ Lifting

☐ Speaking

☐ Learning

☐ Concentrating

☐ Communicating

☐ Performing Tasks

☐ Hearing

☐ Sleeping

☐ Standing

☐ Bending

☐ Breathing

☐ Reading

☐ Thinking

☐ Working

☐ Operation of major bodily function: \_\_\_\_\_

☐ Other \_\_\_\_\_

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**5. Is the student using any measures or modifications (mitigating measures) to reduce or control the effects of the impairment?**

☐ **No** (If “no,” complete section C and continue to Eligibility Determination)

☐ **Yes** (If “yes,” describe mitigating measures): \_\_\_\_\_

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**Check all that apply:**

☐ Medication

☐ Hearing Aids

☐ Glasses

☐ Mobility Devices

☐ Oxygen Supply

☐ Assistive Technology

☐ Prosthetics

☐ Other \_\_\_\_\_

**C. Summarize supporting evaluation information**

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## ELIGIBILITY DETERMINATION

**Based on analysis of the evaluation data, does the student have an impairment that substantially limits a major life activity?**

\_\_\_\_\_ **No**, the student is not eligible.

**If not eligible due to the impairment being too short a duration, does this student meet the criteria for a transitory impairment (not 504)?**

\_\_\_\_\_ **No**, there is no substantial impairment.

\_\_\_\_\_ **Yes**, the substantial impairment is expected to be for less than 6 months. Although the student does not qualify for a Section 504 EEOP, a temporary EEOP will be implemented to meet his/her temporary needs.\*

\_\_\_\_\_ **Yes**, the student is Section 504 eligible but does not require an Equal Education Opportunity Plan (EEOP) since current educational practices are meeting his/her needs because (1) of the corrective effects of mitigating measures or (2) the impairment is episodic or in remission.

\_\_\_\_\_ **Yes**, the student is Section 504 eligible and requires an EEOP.

*\*An impairment is transitory if it has an actual or expected duration of 6 months or less with no substantial long-term effects. Examples of transitory impairments are things such as a broken arm, a fractured knee, an appendectomy, etc. Minor, short-term illnesses, such as the flu, laryngitis, etc., do not meet the criteria for a transitory impairment.*

Role / Title	Signature	Date
<b>Parent/Guardian:</b>		
<b>School Administrator:</b>		
<b>504 Coordinator:</b>		
<b>Teacher:</b>		
<b>Teacher:</b>		
<b>Teacher:</b>		
<b>Nurse:</b>		

A copy of this Section 504 Eligibility document **and** the Parent's Notice of Section 504 Rights has been provided to the parent/guardian. \_\_\_\_\_

**WILSON COUNTY SCHOOLS**  
**EQUAL EDUCATION OPPORTUNITY PLAN**  
**INSTRUCTIONS**

1. Indicate whether this is the **Initial Plan or a Review**.
2. Provide the student's identifying information.
3. Document the impairment along with the major life activity that is substantially limited.
4. Note the initial date of eligibility and the dates this plan is effective.
5. Check whether the EEOP is for a Section 504 eligible student or a temporary plan for a student with a transitory impairment expected to last no more than six months, such as a broken arm, a fractured knee, an appendectomy, etc.
6. Describe or list the educational needs of the student. This could be done in narrative form or in a list form. Examples include organization, distractibility, impulsivity, self-regulation, concentration, dietary needs, specific medical needs, emotional needs, etc.
7. Accommodations -
  - a. **School and Classroom Accommodations:** Based on the data collected in the *Student Learning Questionnaire* and evaluation of needs, determine and document specific accommodations the student requires in order to have an equal opportunity to benefit from classroom instruction, programs, activities, etc. Include where the accommodation will take place (classroom, bus, physical education, etc.) and who will be responsible. Specific information can be documented in the *Notes* column. For example, the frequency of an accommodation could be specified here, such as "weekly" for a behavior report card that would be sent home weekly instead of daily.
  - b. **State and Local Option Testing:** Based on data collected in the *Student Learning Questionnaire* and evaluation of needs, the 504 team will indicate accommodations for state and local testing. Keep in mind that state assessment rules typically require that accommodations be routinely used in the instructional program prior to state standardized testing as a condition for them to be used on state assessments. Specific information can be documented in the *Notes* column. Examples may include small group or one-on-one testing for separate setting accommodation, allowing a student up to 60 minutes for extended time accommodation, allowing a student a 3-minute break every 30 minutes for multiple test sessions accommodation, etc. The team should refer to the school testing coordinator for guidance on approved testing accommodations.
8. **Team Signatures:** Each individual participating in the eligibility determination must sign the EEOP and indicate the date. If the development of the EEOP required two or more meetings, indicate in meeting notes that certain individuals attended earlier meetings, but did not participate in the meeting at which the EEOP was finalized.
9. After documenting the EEOP details, provide the parent(s) with a copy of the completed EEOP document and the *Parent's Notice of Section 504 Rights*. Indicate if it was given at the meeting or the date that it was mailed.
10. **Reviews:** Section 504 does not require an annual review; however, *it is a best practice and expectation in Wilson County Schools for the EEOP to be reviewed at least annually and more often if needed.*
11. The student's teachers should receive a copy of the EEOP to implement accommodations.

**Appendix B**  
**Wilson County Schools**  
**Section 504 Equal Education Opportunity Plan**

\_\_\_ **Initial Plan** \_\_\_ **Review**

**Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**School Year:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Documented Impairment(s):	
MLA Substantially Limited:	
Mitigating Factors (medications, hearing aids, etc.):	

Initial Eligibility Date:	
Plan Effective Date:	_____ to _____

**Check one:**

<input type="checkbox"/>	This student has been found to be Section 504 eligible and requires the following accommodations based on evaluation information that is documented on the Section 504 Eligibility form.
<input type="checkbox"/>	This student has been found to have a transitory impairment and requires the following temporary accommodations based on evaluation information that is documented on the Section 504 Eligibility form.

**Educational Needs:** (List specific needs directly related to the documented disability, requiring accommodations.)

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**Accommodations and/or Services**

Accommodation or Service	Setting	Individual Responsible

**Team Signatures**

The Section 504 Accommodation Plan was developed by the following persons who are knowledgeable about the student's impairment or will be involved in implementing the plan at school.

Title / Role	Signature	Date
<b>Parent/Guardian:</b>		
<b>School Administrator:</b>		
<b>504 Coordinator:</b>		
<b>Teacher(s):</b>		
<b>Teacher(s):</b>		
<b>Teacher(s):</b>		
<b>Nurse:</b>		

**Parental Notice**

____ Parents' Rights and Plan provided at the meeting.	____ Parents' Rights and Plan mailed to parent Date: _____
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TO BE  
RETURNED TO  
SCHOOL  
HOMEBOUND  
DESIGNEE

**Appendix C**  
**Wilson County Schools**  
**Homebound Instruction Medical Form**  
**Regular Education**

**TO BE COMPLETED BY STUDENT'S LICENSED MEDICAL OR MENTAL HEALTH PROFESSIONAL**

In order to receive homebound services, a student must be medically unable to attend school for more than three weeks. Thank you for assisting us in meeting the needs of this student.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Anticipated length of time away from school: \_\_\_\_\_

Date confinement begins: \_\_\_\_\_ Estimated date confinement will end: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Comments or restrictions: \_\_\_\_\_

I certify that the above named student is not medically able to attend school for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider's Name (Please Print) \_\_\_\_\_ Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Telephone Number: \_\_\_\_\_

Provider's \_\_\_\_\_ Address: \_\_\_\_\_

**RETURN THIS FORM TO:**

School Designee: \_\_\_\_\_ FAX: \_\_\_\_\_

School: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

## Appendix D

### Homebound (Face-to-Face) Instruction Student and Parent/Guardian Consent Form

To (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

WCS is pleased to provide homebound instruction to your student, \_\_\_\_\_

**Please note the following requirements for providing your child with effective homebound instruction:**

1. A responsible adult **must always** be present in the home at the time of instruction. Please work with the homebound teacher to set up a schedule so that a responsible adult is present in your home. You or your designated adult present must also sign the *Student Assignment Sheet* after each session.
2. Please provide a quiet workplace, free from television and other distractions, where the teacher and student can work without interruption.
3. Your child should be home and ready to learn when the teacher arrives on the agreed-upon days and times.  
**Notify the teacher in advance if there is any reason why having a scheduled lesson is impossible.**
  - a) **If your child misses planned instruction two times**, the homebound teacher will notify the appropriate school designee, who will attempt to contact you to discuss the missed appointments.
  - b) **If your child misses planned instruction a third time**, homebound instruction may be discontinued. The school homebound designee will contact you, and the continuation of services will be determined on a case-by-case basis.
  - c) Missing scheduled appointments without prior notice of an excusable absence will be an unexcused absence.
4. Please collaborate with the Homebound Teacher by seeing that your child does the daily assignments. This will help your child make progress.
5. In order for your child to receive homebound instruction, we must have a signed physician's statement, the school's recommendation and plan, and a signed parental consent form.

## To the Student - Guidelines for Student Work

1. Each assignment must have the date, the course, and your classroom teacher's name written on it.
2. When your teachers give you a deadline for an assignment, you must complete and submit the work on or before the deadline.
3. Ask for help when you need it. If you do not understand an assignment or material, ask your homebound teacher for help. The homebound teacher is there to help you do your best.

Parent/Guardian Signature _____	Student's Signature _____
Home Address: _____	
Home Phone #: _____	Alternate Phone #s: _____ Date and Time services are to begin: _____
Anticipated date and time services are to end: _____	

_____ Homebound Teacher's Printed Name	_____ Homebound Teacher's Signature	_____ Date
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If you have any questions or concerns, please contact your homebound instructor, your child's school counselor or call the WCS Executive Director of Student Services at (252) 360-4614.

Signed Copy is maintained with School Homebound Designee

**Appendix E**  
**WILSON COUNTY SCHOOLS**  
**HOMEBOUND (FACE-TO-FACE) INSTRUCTION ASSIGNMENT SHEET**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Course(s): \_\_\_\_\_

Homebound Teacher: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date Instruction Began: \_\_\_\_\_ Date Instruction Ended: \_\_\_\_\_

Homebound Teacher, Please return to the Executive Director of Student Services, along with your timesheets for the same time period. Thank you.

Date	Time		Assignment for Home Instruction	Parent Signature Please verify documented times prior to signing
	Start	End		
Total Time:			Comments:	
Total Time:			Comments:	
Total Time:			Comments:	
Total Time:			Comments:	
Total Time:			Comments:	
Total Time:			Comments:	

\_\_\_\_\_  
 Executive Director of Student Services

\_\_\_\_\_  
 Date



# Appendix F

## EMPLOYEE'S DAILY & MONTHLY TIME REPORT

PERIOD BEGINNING  
PERIOD ENDING

(ANY PERSON EMPLOYED IN TWO OR MORE JOB CATEGORIES WILL FILL OUT  
A SEPARATE "TIME REPORT" TO RECORD THE WORK TIME IN EACH CATEGORY)

NAME:

EMPLOYEE #

SCHOOL:

JOB PERFORMED

BUDGET CODE #

DAY OF MONTH	MONTH	DAY	START	STOP	START	STOP	START	STOP	TOTAL HOURS	REMARKS
SAT										
SUN										
MON										
TUE										
WED										
THU										
FRI										
TOTAL 1ST WEEK										
SAT										
SUN										
MON										
TUE										
WED										
THU										
FRI										
TOTAL 2ND WEEK										
SAT										
SUN										
MON										
TUE										
WED										
THU										
FRI										
TOTAL 3RD WEEK										
SAT										
SUN										
MON										
TUE										
WED										
THU										
FRI										
TOTAL 4TH WEEK										
SAT										
SUN										
MON										
TUE										
WED										
THU										
FRI										
TOTAL 5TH WEEK										
TOTAL TIME WORKED FOR CALENDAR MONTH										

I HEREBY CERTIFY THAT THE ABOVE REPORT OF TIME IS A CORRECT STATEMENT AND INCLUDES TOTAL  
HOURS WORKED EACH WORKDAY FOR THE PERIOD COVERED AS INDICATED AT THE TOP OF THIS PAGE.

SIGNATURE

DATE

I HEREBY APPROVE THIS STATEMENT OF TOTAL HOURS WORKED AND THAT THE TIME INDICATED IS CORRECT.

SIGNATURE

DATE