

**BELLEFONTAINE CITY SCHOOLS
REQUEST FOR REIMBURSEMENT TUTORING SERVICES
(SUPPORT STAFF)**

To request reimbursement, please submit this form to the Executive Director of Instructional Services, at the Bellefontaine City Schools Board of Education office, 820 Ludlow Road, Bellefontaine.

TUTORING SHEETS MUST BE SUBMITTED EVERY TWO WEEK.

STUDENT/S NAME/S: _____

(If group, please list all students' names.)

DATE	HOURS	PLEASE CHECK			DATE	HOURS	PLEASE CHECK	
		<u>INDIVIDUAL</u>	<u>GROUP</u>				<u>INDIVIDUAL</u>	<u>GROUP</u>
		<u>INDIVIDUAL</u>	<u>GROUP</u>				<u>INDIVIDUAL</u>	<u>GROUP</u>
		<u>INDIVIDUAL</u>	<u>GROUP</u>				<u>INDIVIDUAL</u>	<u>GROUP</u>
		<u>INDIVIDUAL</u>	<u>GROUP</u>				<u>INDIVIDUAL</u>	<u>GROUP</u>
		<u>INDIVIDUAL</u>	<u>GROUP</u>				<u>INDIVIDUAL</u>	<u>GROUP</u>
		<u>TOTAL HOURS TUTORED</u>			<u>AMOUNT TO BE PAID</u>		GRADE OF STUDENT(S):	
INDIVIDUAL	\$18.00							
							CONTENT OF TUTORING:	
GROUP	\$20.00							

TUTOR'S NAME: _____ IN SUPPORT OF: _____

LAST FOUR DIGITALS OF SOCIAL SECURITY NUMBER: XXX-XX- _____

EMPLOYEE'S SIGNATURE: _____

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TUTOR'S COMMENTS REGARDING STUDENT PROGRESS:

ACCOUNT NUMBER: _____

PRINCIPAL APPROVAL: _____ DATE _____

ADMINISTRATIVE APPROVAL: _____ DATE _____