HOMEBOUND & HOME-BASED INSTRUCTION

TIMESHEET & RECORD OF STUDENT ATTENDANCE

Independent School District #624 4855 Bloom Avenue White Bear Lake, MN 55110

Student Name:_____ Grade:_____ School: _____

Special Education Student? _____ Yes _____ No Primary Disability? _____

Timesheets are due in the Payroll Department each payday for payment on the following payday.

Date Worked **(Include all dates student was scheduled for HB instruction)**	**Place where work was performed**	**Time Started**	**Time Finished**	**Mark (X) if No Show** ***No Show Instructors are paid for 1 hour***	**Student Attendance Hours** **(# of Hours instructor was scheduled to work)**	**Gen Ed Hours Worked**	**SpEd Hours Worked**
						Instructors must separate Gen and SpEd hours if dually licensed *and* applicable. See your bldg administrator to determine allocation.	
					***Total Prep Time Hours**		
***Prep time: Up to 10 minutes of preparation time for each hour of instruction taught.**							
☐ **Check here ONLY if you are providing HB Instruction at AWARE, TAPP or as part of your assigned work day and will be paid as part of your teaching assignment (no additional timesheet payment)**					**TOTAL TO BE PAID**		

Elementary GenEd

Budget # 01-E-_____-203-000-000-185 $34 Rate X _____ Hrs. = $_____

(Bldg)

Secondary GenEd

Budget # 01-E-_____-211-000-000-185 $34 Rate X _____ Hrs. = $_____

(Bldg)

Elementary SpEd

Budget # 01-E-_____-- _____000-740-185 $34 Rate X _____ Hrs. = $_____

(Bldg) *(Disability)*

Secondary SpEd

Budget # 01-E-_____-- _____000-740-185 $34 Rate X _____ Hrs. = $_____

(Bldg) *Disability)* TOTAL = $_____

Employee Signature _____ Building Admin Approval _____

Print **Legal** Name _____

I certify that the above claim is just and true and the charges are official and are such as are allowed by law and no part of said claim has been paid.

District Administrator Approval _____ Director of Student Support Services _____

(GenED) (SpEd)

Return to the Department of Student Support Services Revised 8/8/23