Early Intervening Services: **Extended - Day** Tutoring
Timesheet

_____ School _____ Month _____ Year

Name (Please Print)	Social Security #		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Total Hours
			/	/	/	/	/	/	/	/	/	/	
		Begin	:	:	:	:	:	:	:	:	:	:	
		End	:	:	:	:	:	:	:	:	:	:	

If a substitute teacher-tutor was needed please list name and date substitute was used. ***Have the substitute teacher-tutor complete the EIS Extended-Day Tutoring Program Sub Form.***

Substitute Name: _____ *Date(s):* _____

Tutoring begins at _____ and ends at _____P.M. Certified teacher tutor will be paid $30.00 per hour for direct student instruction.

Total hours worked* _____ at a rate of $30.00/hour = _____ Total Salary

I confirm that the above dates and times represent an accurate documentation for my work.

_____ _____
Tutor Date

I confirm that the above dates represent an accurate documentation for this tutor's work.

_____ _____
Principal/ Designee EIS – M. Baker

_____ _____
Date Date

*Send **ORIGINAL TIMESHEET** and **ORIGINAL ATTENDANCE ROSTER** to EIS Tutoring Program, Marsha Baker – OPSB Central Office, at the end of each month.*

Notes: _____

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