Early Intervening Services: **Substitute Timesheet**

Extended - Day Tutoring Program

_____ School _____ Month _____ Year

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

Please list teacher-tutor name you substituted for: *Teacher-Tutor Name:* _____

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

Total hours worked* _____ at a rate of $_____hour = _____ Total Salary

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

_____ _____
Substitute 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 with **ORIGINAL TIMESHEET** and **ORIGINAL ATTENDANCE ROSTER** of Teacher-Tutor you subbed for to EIS Tutoring Program, Marsha Baker – OPSB Central Office, at the end of each month.*

Notes: _____