Ouachita Parish

Fourth Grade At-Risk Extended - Day Tutoring Program Timesheet

_____ School _____ Month _____ Year

Name (Please Print)	**Employee ID Number**	**Date /**	**Date /**	**Date /**	**Date /**	**Date /**	**Date /**	**Date /**	**Date /**	**Date /**	**Date /**	**Total Sessions**

*Tutors **initial** tutoring dates worked. Mark **A** for absences from tutoring sessions.*

Tutoring begins at _____ and ends at _____P.M.

Substitute Name (Please Print)	**Employee ID Number**	**Date /**	**Date /**	**Date /**	**Date /**	**Date /**	**Date /**	**Date /**	**Date /**	**Date /**	**Date /**	**Total Sessions**

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

_____ Tutor/Date

_____ Tutor/Date

_____ Tutor/Date

_____ Tutor/Date

_____ Tutor/Date

_____ Tutor/Date

_____
Principal/Date

*Fax (432-5099) and send **ORIGINAL TIMESHEET** to Teresa vonDiezelski at Central Office, on last day of each month.