

**OAK GROVE SCHOOL DISTRICT
HOME AND HOSPITAL TEACHER TIME SHEET**

Payroll Use Only:

Employee ID # Employee Name (please print) _____ X
Total Hours _____
Hourly Rate Amount Payable

School
Month: _____ Beginning Date: _____ Ending Date: _____

Student Name (please print) School of Regular Attendance

Indicate the number of hours worked on each date below.

_____ Month/Year	11 _____	_____ Month/Year	27 _____
	12 _____		28 _____
	13 _____		29 _____
	14 _____		30 _____
	15 _____		31 _____
	16 _____	_____ Month/Year	1 _____
	17 _____		2 _____
	18 _____		3 _____
	19 _____		4 _____
	20 _____		5 _____
	21 _____		6 _____
	22 _____		7 _____
	23 _____		8 _____
	24 _____		9 _____
	25 _____		10 _____
	26 _____		
			Total Hours _____

Signature of Employee Date Signature of Principal or Supervisor Date