

Wyoming Valley West School District INSTRUCTION IN HOME / HOMEBOUND Timesheet

Regular Ed / Special Ed (Circle one)

Program: Home Bound or Instruction In The Home(Circle One)

Employee Name - PRINTED (First, Middle, Last) _____

Last FOUR digits of Employee Social Security # _____

Student Name: _____

PPID NUMBER (Teachers only) # _____

School: _____

Circle one: **Teacher**

From: _____ To: _____

Para **Other:** _____

Date	Day	A.M. or Pre-Lunch			P.M. or Post-Lunch			Work Performed	Total Hours Increments of 1/4 Hour (.25)
		In	Out	Hours	In	Out	Hours		
	Sun.								
	Mon.								
	Tues.								
	Wed.								
	Thur.								
	Fri.								
	Sat.								
								Total Hours for Week One:	
	Sun.								
	Mon.								
	Tues.								
	Wed.								
	Thur.								
	Fri.								
	Sat.								
								Total Hours for Week Two:	
TOTAL HOURS FOR TWO-WEEK PERIOD:									

I hereby certify the forgoing hours as listed above are correct and the services were in fact preformed at the time and purpose indicated.

I attest that the above- named Wyoming Valley West School District employee conducted instruction with my child on the dates and times documented

Employee signature

Parent Signature

Approved:

Principal / Supervisor

Director

Revised 10/10/25

WVWSD EMPLOYEE TIME SHEET GUIDELINES

Home Bound or Instruction in the Home

- ◆ Timeliness: Time sheets **must** be submitted to Administration Building within **two weeks** of work performed. Timely submissions increase the accuracy of grant fund balances and decreases payroll errors. Please follow the Bi-Weekly Pay Schedule for the time sheet reporting periods.
- ◆ Time sheets **must** be completed in **blue** or **black ink** -- No ~~red ink~~ or ~~pencil~~.
- ◆ The employee **must** provide; PPID Number for Teachers and **only** the last four digits of their Social Security number for everyone else.
- ◆ The employee **must** circle Regular Education or Special Education.
- ◆ The employee **must** circle Homebound or Instruction In the Home.
- ◆ The employee **must** provide first, middle initial & last name on their time sheet.
- ◆ The employee **must** provide Student Name that was provided the education.
- ◆ The employee **must** circle their position, ex Teacher.. List all other positions under Other:
- ◆ The employee **must** provide the name of the school that will be charged the extra hours.
- ◆ From: _____ To: _____
These dates **must** follow the Bi-Weekly Pay Schedule. Time Sheets **cannot be submitted before** the work is completed. **Failure to submit on time and follow WVWSD Schedule will result in delayed payment.**
- ◆ Hours should be rounded to the nearest **quarter hour**.
- ◆ Check calculations of hours worked. Grant funds cannot pay for lunch hours, prep time, snow days, delay/early dismissal, or any time an employee is already contractually being paid.
- ◆ Time Sheets **cannot have pre-printed times** on them, even if a group of people worked the same hours. Each employee writes in his or her own hours. (*i.e. AM and PM hours*)
- ◆ Time Sheets **must** be individually completed, signed by the employee, reviewed by school secretary and principal signs and submits following the Bi-Weekly Pay Schedule. Principal signatures should be hand written and legible, not stamped or photocopied. A stamped principal's signature cannot be used and will be returned, resulting in a delay of processing.
- ◆ Time Sheets completed incorrectly will be returned for correction.