

LIBERTY UNION HIGH SCHOOL DISTRICT HOME HOSPITAL TIME SHEET

employee name (please print)

6th to 5th

(month) (month)
pay period

*(timesheets must be submitted
on the 5th of each month)*

student name site

date	day	# of hours taught	prep time
<i>example:</i>	<i>Mon</i>	<i>1.5</i>	<i>1</i>
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

date	day	# of hours taught	prep time
26			
27			
28			
29			
30			
31			
1			
2			
3			
4			
5			

**TOTAL hours
for the pay period**

Note: A teacher may claim no more than one (1) hour of prep time per week.

By submitting this, you affirm all hours submitted are direct face to face instruction time except for one hour of "prep time" per week.

Teacher signature date

Site Administrator signature date

Assistant Superintendent date
Administrative/Student Services