SPARTANBURG SCHOOL DISTRICT 4
REPORT OF HOMEBASED INSTRUCTION
2026-2027

Record instructional date and teaching hours in the appropriate space provided. Wait only 15 minutes for no-shows.

STUDENT INFORMATION:

NAME:_____ SEX_____ BIRTHDAY_____

DATE ENTERED ON HOMEBASED:_____ EFA Code: _____

SCHOOL ATTENDING_____ GRADE_____

DATE WORKED	BEGINNING TIME	ENDING TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Month_____ No. of Instruction Hrs._____ X $40/hr = _____

Code: 100-145-112-0000-____

Homebased Teacher's Printed Name_____

Homebased Teacher's Signature _____

Social Security Number_____on file_____

School Principal Signature_____

District Administrator Approval _____

PLEASE DUPLICATE AS NEEDED

Must be received by 1st of each month to be included in payroll.