

TEACHER TIMESHEET – HOME INSTRUCTION
CLAY COUNTY SCHOOLS

Student _____ Home School _____

	M	T	W	T	F	
Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School Month <input style="float: right;" type="checkbox"/>
Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Hrs.

Signatures: _____ Employee Identification No. _____

Teacher
Parent/Guardian
Supervisor

Rate

Reimbursement