

DELSEA REGIONAL HIGH SCHOOL DISTRICT

Name (please print): _____

_____ Alternative School (circle one: Admin Tchr Aide Guid CST Security Other)

_____ Bookbinders – Crusader Building (circle one: Admin Tchr Aide Guid CST Security Student Other)

_____ Class Coverage (circle one: HS MS) _____ Detention (circle one: HS MS) _____ Homework Clinic (circle one: HS MS)

_____ Student (circle one: Secretary Technology Other _____) _____ Secretarial (Description: _____)

_____ Other (Description: _____)

For Homebound Instruction and Tutoring, please provide the following information: Student's Name: _____

Parent/Guardian's Signature: _____

_____ Homebound Instruction

_____ Tutoring (circle one: ESL Sp Ed HS MS Other _____) *A parent's signature is not needed if tutoring is done at school.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	Date _____
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
Total Hrs _____	Total Hrs _____	Total Hrs _____	Total Hrs _____	Total Hrs _____	Total Hrs _____	Total Hrs _____
Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	Date _____
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
Total Hrs _____	Total Hrs _____	Total Hrs _____	Total Hrs _____	Total Hrs _____	Total Hrs _____	Total Hrs _____

I do solemnly declare and certify under the penalties of the law that the above bill is correct in all its particulars; that the service was rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount charged is a reasonable one.

Employee Signature

Date Submitted ****Board Approval Date****

Administrator/Supervisor Signature Date

Account Number – Payroll Use Only