

Walthall County School District
Tutorial Time Sheet
Form A

Employee's Name: _____
 Address: _____
 SSN: _____
 School: _____
 Grade Level/Subject Area Tutored: _____

Date of Instruction	Time In/Out	Total Time Worked (Hours/Minutes)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

NOTE: Teachers are required to keep a file for students they tutor. Time Sheets must be signed and sent to the appropriate district supervisor on or before the 15th of each month.

Total Hours Worked : _____ X \$ _____ = _____

Signature of Tutor: _____

Signature of Principal/Supervisor: _____

Below is for Office Use Only

Signature (Approved for Payment): _____

Date: _____ Funding Account #: _____