

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 _____ _____ to _____ Total Hrs _____	Date _____ _____ to _____ Total Hrs _____	Date _____ _____ to _____ Total Hrs _____	Date _____ _____ to _____ Total Hrs _____	Date _____ _____ to _____ Total Hrs _____	Date _____ _____ to _____ Total Hrs _____	Date _____ _____ to _____ Total Hrs _____
Date _____ _____ to _____ Total Hrs _____	Date _____ _____ to _____ Total Hrs _____	Date _____ _____ to _____ Total Hrs _____	Date _____ _____ to _____ Total Hrs _____	Date _____ _____ to _____ Total Hrs _____	Date _____ _____ to _____ Total Hrs _____	Date _____ _____ to _____ 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 _____

Administrator/Supervisor Signature _____ Date _____

Account Number – Payroll Use Only _____