Pacifica School District

Certificated Home Teaching Time Record

FULL NAME: _____ *(As it appears on Social Security Card)*

PAY PERIOD: _____ 11th _____ 10th _____
(Month) (Month) (Year)

DATE	LOCATION	STUDENT NAME (First & Last Name	HOURS WORKED	REASON	PROGRAM CHARGED*	APPROVAL SIGNATURE	DO NOT USE

TOTAL HOURS WORKED @ $25.00 HOUR

*Program Charged: **Home Teaching**
0106 -- Unrestricted Regular Education
0240 -- Unrestricted Special Education

***ACCOUNT NUMBER:**
01-0000-0-1132-1000-004-1103-0106
01-6500-0-5770-1110-004-1103-0240

It is the responsibility of the Home Teacher to turn in the completed form to the Payroll Office by the 11th of each month.

_____
Signature of Home Teacher

Revised 8/31/04