

AFTER-SCHOOL TUTORING CLAIM FORM

Employee Name _____

Month of _____

Date: _____ Begin Time _____ End Time _____ Total _____

Date: _____ Begin Time _____ End Time _____ Total _____

Date: _____ Begin Time _____ End Time _____ Total _____

Date: _____ Begin Time _____ End Time _____ Total _____

Date: _____ Begin Time _____ End Time _____ Total _____

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Date: _____ Begin Time _____ End Time _____ Total _____

Date: _____ Begin Time _____ End Time _____ Total _____

Date: _____ Begin Time _____ End Time _____ Total _____

Student sign-ins may be required.

TOTAL _____

Employee Signature: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

Superintendent Signature: _____ **Date:** _____