

# Home Tutoring Payroll Claim Form

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **BUILDING:** \_\_\_\_\_  
**STUDENT ADDRESS:** \_\_\_\_\_

**TUTOR NAME:** \_\_\_\_\_  
**TUTOR ADDRESS:** \_\_\_\_\_

Date of Service	Time of Service		Hours
	Start	End	
_____ Monday			_____
_____ Tuesday			_____
_____ Wednesday			_____
_____ Thursday			_____
_____ Friday			_____
_____ Monday			_____
_____ Tuesday			_____
_____ Wednesday			_____
_____ Thursday			_____
_____ Friday			_____

Total Compensable Hours:

Total Compensable Hours for payroll:

X 2019-20 Hourly Rate: \$34.00

Total Payroll Claimed:

### Employee Certification:

I certify under penalty of law that the above information is a true, complete and accurate claim for services rendered as a district employee in the faithful discharge of duties and services consistent with my appointment by the Board of Education.

**Employee Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Supervisor Certification:

I hereby certify under penalty of law that I have reviewed the above claim and find it to be a true, complete and accurate representation of the employee's service on the dates indicated, and approve that this claim be forwarded to be adjudicated and paid per district practice.

**Supervisor Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_