

# Home Tutoring Payroll Claim Form

Nb R-4/7/08; amb 7/17; 8/2021; 5/5/2022

**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 **2022-2023 school year**

**X Hourly Rate: \$35.37**

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:** \_\_\_\_\_