

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 2024-25 Hourly Rate: \$37.88

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: _____