

# CLAYMONT CITY SCHOOLS

## TUTORING TIME SLIP

Name \_\_\_\_\_

SSN \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_

DATE	STUDENT	G R A D E	START		START	STOP	TOTAL HOURS
<b>TOTAL</b>							

Employee's Signature \_\_\_\_\_

Approval By \_\_\_\_\_

***\*PLEASE RETURN COMPLETED FORM TO COORDINATOR EVERY TWO WEEKS FOR REVIEW***

Title I – Jodie Miles  
Special Education – Holly Hall

***(FOR OFFICE USE ONLY)***

Total Hours \_\_\_\_\_ X Rate of Pay \_\_\_\_\_ = Total Due \_\_\_\_\_