

CLAYMONT CITY SCHOOLS

TUTORING TIME SLIP

Name _____

SSN _____/_____/_____

Address _____

DATE	STUDENT	G R A D E	START	STOP	START	STOP	TOTAL HOURS
TOTAL							

Employee's Signature _____

Approval By _____

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

Title I – Richard Page
 Special Education – Avy Neininger

(FOR OFFICE USE ONLY)
 Total Hours _____ X Rate of Pay _____ = Total Due _____