



Home and Hospital Timecard and Attendance Report for Contracted Teachers

Home and Hospital Teacher Name _____

Home and Hospital Teacher Employee ID _____

Select One: Reg Ed: __ RSP: __ SDC: __ SH: __ ED: __

Account Charged: _____

Month:		Academic Activity Summary-Please include specific subjects/chapters/lessons/assignments/etc.	Grade - *see instructions
	Hours		
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

Employee Signature _____

Site Administrator Signature _____

Student Name _____

Student Perm ID _____

Student School of Attendance _____

Student Home and Hospital Address _____

Number of Days Attendance to Clear (Fiscal Use Only) _____

Month:		Academic Activity Summary-Please include specific subjects/chapters/lessons/assignments/etc.	Grade - *see instructions
	Hours		
26			
27			
28			
29			
30			
31			
1			
2			
3			
4			
5			
6			
7			
8			
9			
Total	-		

Program/District Administrator Signature _____

Parent Signature _____