

# 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 – Richard Page  
 Special Education – Avy Neininger

***(FOR OFFICE USE ONLY)***  
 Total Hours \_\_\_\_\_ X Rate of Pay \_\_\_\_\_ = Total Due \_\_\_\_\_