

**ORLEANS/NIAGARA BOCES HOME/HOSPITAL TEACHING SERVICE  
STUDENT / TEACHER TIME SHEET**

Teacher Name \_\_\_\_\_

WEEK BEGINNING \_\_\_\_\_

Student Name \_\_\_\_\_  
\*If a group of students put number next to student name

Home School District \_\_\_\_\_

Budget Code: A402 5874 154 101

DATE	LIST SUBJECTS/TOPICS	START TIME/END TIME	NUMBER OF TEACHING HRS.	PARENT/GUARDIAN SIGNATURE (Required)
Mon				
Tues				
Wed				
Thurs				
Fri				
<b>TOTAL</b>				
Mon				
Tues				
Wed				
Thurs				
Fri				
<b>TOTAL</b>				

- If you are unable to meet with a student on a given day, please indicate the reason on that date.
- This report must be prepared for each student.
- PARENT/GUARDIAN MUST Sign at the end of each session.
- This report is due to the HHTS Office on the **TUESDAY** morning following the week of instruction to:

Dawn Fay  
O/N BOCES Conference Center  
4124 Saunders Settlement Rd.  
Sanborn, NY 14132

By signing below, the teacher certifies that all information recorded on this sheet is full, complete, true, and accurate.

Teacher Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved by \_\_\_\_\_ Date: \_\_\_\_\_

TOTAL TEACHING HOURS	_____	\$ _____
TOTAL PLANNING TIME	_____	\$ _____
TOTAL PAY	\$ _____	
HHT OFFICE USE ONLY		

WHITE: Payroll      YELLOW: District      PINK: HHTS Office      Timesheet 10/25/05