

Cloverleaf Local Schools  
Lodi, Ohio 44254

Monthly Time Sheet – Home Instruction      Month and Year \_\_\_\_\_

Student's Name \_\_\_\_\_      Tutor's Name \_\_\_\_\_

School \_\_\_\_\_      Grade \_\_\_\_\_      Subject \_\_\_\_\_

Date	Time		Hours	Signature of Parent or Student
	From	To		

Your report must show when you actually taught. Please use only half or quarter hours for reporting less than full hour periods.

Please Note:    Due the last working day of each month  
                          Send to the Office of your local Building Principal

Tutor's Signature \_\_\_\_\_      Rate \_\_\_\_\_      Total Hours \_\_\_\_\_

S.S.# \_\_\_\_\_      Principal's Signature \_\_\_\_\_

Director of Special Services \_\_\_\_\_      Amount \_\_\_\_\_