



Adelanto Elementary School District

11824 Air Expressway, Adelanto, California 92301
 Phone: 760-246-8691 ext.10286 Fax: 760-246-4155

District Nurse
 Home Hospital

Home-Hospital Instruction Hours of Instruction/Time Sheet

Instructions:

1. Complete and submit to the Student Support Office each Monday.
2. Hours are paid only for days that school is in session.
3. Five (5) hours per week is the maximum hours allowed.
4. Incorrect or incomplete time sheets will be returned for correction or completion and must be re-submitted.

Student name: _____ GR: _____ School Site: _____

Address: _____ City _____ Zip _____

| Date | Hours Taught | | Total Hours |
|------|--------------|----|-------------|
| | From | To | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Number of hours of instruction _____

Please Check:

- Instruction will continue
- Work with student Terminated on
 Date: _____ for reason below:
 - Student returned to school
 - I am unable to continue due to:

 Other: (please specify)

I certify that the above is correct and that I have performed the services required on the dates specified.

_____ Please Print _____ Signature _____ Date _____ Last 4 SSN _____

Parent Section

I understand that my child received the number of hours as listed above and I hereby verify this time sheet to be correct. **SIGN THIS FORM ONLY IF IT IS COMPLETE**

 Signature of Parent/Guardian _____ Date _____

Payroll budget # _____
 Hours paid: _____ Hourly rate: _____ Total Paid: _____

| | |
|------------------------------------|---------------|
| District office use only | |
| <i>Ok to pay</i> | |
| _____ Student Support Signature | _____ Date |
| _____ District Administrator | _____ Date |