

# KING WILLIAM COUNTY PUBLIC SCHOOLS

## REMEDATION TIME SHEET

Employee Name: \_\_\_\_\_

School: \_\_\_\_\_

Are you licensed? (Indicate with an X)	Yes _____	No _____
Are you an ERIP* participant? (Indicate with an X)	Yes _____	No _____

This form must be completed and signed by the tutor. The principal must approve and sign this form prior to submission for payment. This form is due to the School Board Office by the 16<sup>th</sup> of each month. Any time sheet received after the 16<sup>th</sup> will be processed the following month.

**\*ERIP REMINDER:** You must fulfill your minimum number of “days” requirement PRIOR to submitting a time sheet to receive payment for services rendered. There are no exceptions.

DATE		DAY OF WEEK		START TIME		END TIME		TOTAL HOURS WORKED

	Total Hours		
	Rate		\$25.00 per our
	Compensation		
	FICA		
	Total Cost		

\_\_\_\_\_  
Tutor's Signature Date

\_\_\_\_\_  
Principal's Signature Date

July 01, 2012