KING WILLIAM COUNTY PUBLIC SCHOOLS
REMEDIATION 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 16th of each month. Any time sheet received after the 16th 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, 2016