

## Avoyelles Parish Title I Tutorial Program Sign-In Sheet



Name	Grade	Time In	Time Out
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## Avoyelles Parish Title I Tutorial Program Pay Document



Name:	Month:		
SSN:	School:		
Address:			
	acher ( ) Paraprofessional ( )		
Date:	No. of Students Served:	Hours:	
Date:	No. of Students Served:	Hours:	
Date:	No. of Students Served:	Hours:	
Date:	No. of Students Served:	Hours:	
Date:	No. of Students Served:	Hours:	
Date:	No. of Students Served:	Hours:	
Date:			
Date:	No. of Students Served:	Hours:	
Date:	No. of Students Served:	Hours:	
	CONTINUE ON SIDE B		
Total Number of Hours w	worked during current report period:		
Rate of Pay: \$25.00 per l	hour for teachers \$15.00 per hour for parag	professionals	
Rate of Pay X # o	of hours (Side A & B) = current mont	h's pay >	
Return this form to the D the month that services w	virector of Federal Programs on or before the severe provided.	5 <sup>th</sup> of the month following	
I certify that the inform	nation provided on this sheet is accurate.	-	
Signature of Te	eacher/Paraprofessional	Date	
Signatur	re of Principal	Date	
Approved for payment: _	Director of Federal Progr	ame.	
	Director of rederal riogr	ams	



## Avoyelles Parish Title I Tutorial Program Pay Document



Name:	Month:				
SSN:	School:				
Address:					
Position, Check one: Teacher					
Date:	No. of Students Served:	Hours:			
Date:	No. of Students Served:	Hours:			
Date:	No. of Students Served:	Hours:			
Date:	No. of Students Served:	Hours:			
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Date:	No. of Students Served:	Hours:			
	CONTINUE ON SIDE B				
Total Number of Hours worke	d during current report period:				
Rate of Pay: \$25.00 per hour	for teachers \$15.00 per hour for pa	raprofessionals			
Rate of Pay X # of ho	ours (Side A & B) = current mo	onth's pay >			
Return this form to the Director the month that services were p	or of Federal Programs on or before the provided.	he 5 <sup>th</sup> of the month following			
I certify that the information	provided on this sheet is accurate	•			
Signature of Teache	r/Paraprofessional	Date			
Signature of	Principal	Date			
Approved for payment:	D: ( OP 1 12				
	Director of Federal Programs				



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