



**Bloom-Carroll Local School District**  
**TIME SHEET**  
**TUTOR / HOME INSTRUCTION**

Return completed form to the Payroll Office by the 1<sup>st</sup> and 15<sup>th</sup> of each month. Contact Caprice Dicken at 614-834-6704 with any questions.

|                              |                      |
|------------------------------|----------------------|
| Tutor / Home Instructor Name |                      |
| Address                      |                      |
| Email                        | Student Name & Grade |

| DATE (MM/DD/YYYY)          | START TIME | END TIME | TOTAL HOURS<br>(enter as decimal, not fraction) | EXPLANATION<br>(student name, prep time, etc.) |
|----------------------------|------------|----------|---|--|
|                            |            |          |   |  |
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|                            |            |          |   |  |
|                            |            |          |   |  |
| TOTAL HOURS FOR PAY PERIOD |            |          |   |  |

|                                   |      |
|-----------------------------------|------|
| Tutor / Home Instructor Signature | Date |
| Administrator Signature           | Date |