

**HIGHLAND FALLS – FORT MONTGOMERY  
CENTRAL SCHOOL DISTRICT**

**PAYROLL CLAIM FORM FOR HOME TUTORING SERVICES**

To be completed in BLUE Ink

**MUST** be approved by the Assistant Superintendent

<b>INSTRUCTOR</b>	
<b>ADDRESS</b>	
<b>NAME OF TUTORED STUDENT(S)</b>	
<b>PLACE OF INSTRUCTION</b>	
<b>GRADE LEVEL</b>	
<b>SUBJECT(S) TUTORED</b>	

DAY	DATE	TIME PERIOD	NUMBER OF HOURS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
<b>TOTAL HOURS</b>			

DAY	DATE	TIME PERIOD	NUMBER OF HOURS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
<b>TOTAL HOURS</b>			

DATE \_\_\_\_\_ PRINCIPAL'S SIGNATURE \_\_\_\_\_

ASSISTANT SUPERINTENDENT'S SIGNATURE \_\_\_\_\_

INSTRUCTOR SIGNATURE \_\_\_\_\_